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LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

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LECTURE XV.

RAMOLLISSEMENT OF THE NERVOUS CENTRES.

(Continued from p. 891.)

Ramollissement with Contraction of Limbs.

As one of the most frequent modifications of motion produced by ramollissement of the brain, we have mentioned contraction of one or more limbs or muscles; this contraction consists in a flexion of the limb, joined to rigidity, and presents the same differences as paralysis, with respect to its degree, mode of appearance, march, and seat. When developed in the commencement of the disease, contraction is an excellent symptom; indeed, one of the best signs by which we may diagnosticate ramollissement. It certainly does frequently exist as a symptom of the disease in question, and M. LALLEMAND has insisted with a good deal of energy and reason on its value as a pathognomonic sign. There is a good deal of truth in this; contraction is a palpable symptom when it occurs in an early stage; but we must allow, on the other hand, that several cases do exist where this symptom is absent, and that if we were to connect ramollissement and contraction too strictly together, we should incur the danger of committing a gross error. Some authors, in reply to this our last observation, will tell you, that if cases of ramollissement without contraction have been observed, it is because the cases were not studied with sufficient attention or minuteness; the observations imperfectly or carelessly reported. This may be true for a certain number of cases, because when an appeal is made against accuracy and fidelity, one can only answer for his own observations; but we can affirm, that we have seen individuals in whom ramollissement was announced from the very commencement of the symptoms, by paralysis alone, without any contraction of the limbs or muscles: of this we are perfectly sure. The nature of the disease was determined after death by inspection of the body, and during life the functional derangements were noted down with accuracy and care. If such a symptom as contraction existed at any period of the malady, it could not have escaped our notice, especially as we looked for it in all the cases of ramollissement that fell under our own observation. You will find several cases demonstrating the truth of what we have just advanced, in the fifth volume of the *Clinique Medicale*, and in the work of M. ROSTAN on softening of the brain.

However, whenever contraction does exist, we may diagnosticate the presence of ramollissement with great probability of being right in our judgment, for, although the absence of this symptom, as we have just said, does not prove the absence of softening, yet its presence is a very strong proof of the existence of this lesion in the brain. Like paralysis, the contraction may come on in a gradual manner, and increase slowly, until it terminates in loss of motior, which latter continues until the end of the disease. When it persists for a length of time, the force with which the muscles are flexed is sometimes extraordinary; the fingers are clenched so firmly that it is impossible to open them, and even the nails are driven into the palms of the hand.

When once established, this contraction does not always exist in a permanent manner; it is not unusual to see it disappear for several hours, or even a whole day, and then return with its ancient intensity. During the intervals, the affected muscles either recover their power of motion, or, what is

more common, they remain feeble and benumbed, or more or less paralyzed. Again, we may have cases where the contraction disappears altogether, and is replaced by paralysis, or where these two phenomena alternately assume each the place of the other, as we have already seen paralysis and convulsions alternately attacking the affected limb.

The contraction may appear in a sudden manner; in fact, several cases of ramollissement have commenced by a violent contraction of one or both limbs on one side of the body, and then the symptom becomes peculiarly characteristic of the disease.

Paralysis, direct, and opposite the Lesion.

The progress of the contraction also varies in different cases; sometimes it persists, either gradually increasing, diminishing, or resting stationary; in other cases it may remain only for a few hours, or even minutes, and then be replaced by paralysis; and, once gone, it may either never appear again, or return only at uncertain intervals. We have ourselves witnessed all the different lesions of motion now described; you see that they are numerous; but this is not all; these diversified symptoms may also vary according to the different seats which they occupy; in some cases only a single limb is affected; in others the two limbs on the same side of the body are contracted. Finally, in a certain number of cases, the contraction affects the four limbs at the same time; these different lesions seem to depend on the different seats of ramollissement in the nervous centres; and here an interesting question presents itself,—Do we observe a diversity of symptoms, according as the ramollissement may occupy the anterior portion of the brain, its middle portion, or the posterior lobes? Does softening of the striated bodies manifest itself by peculiar phenomena, which enable us to distinguish it from softening of the thalami, or of any other part of the brain? This is exactly the same question which we took such pains to resolve when treating of cerebral hemorrhage. It is to be answered in the same manner, and we must refer you to what was said upon that occasion; it were useless to repeat now what has been already said. The paralysis which results as an effect of ramollissement of the nervous centres, generally affects that side of the body which is opposite the injured hemisphere of the brain; this, if you remember, is the same law which governs the loss of motion in cases of apoplexy, where the paralysis is almost universally crossed; however, we find some exceptions to this rule; the paralysis is sometimes direct and not opposite; in some cases ramollissement of the brain, as well as cerebral hemorrhage, gives rise to loss of motion on the same side of the body as the ramollissement. Thus, in the number of cases which we analyzed in a former lecture, with the object of determining whether the paralysis resulting from disease of the brain is direct or opposite; the two last cases, taken from the thesis of M. Chambeyron, were cases of ramollissement of the brain, and not of hemorrhage.

The intensity with which the contraction manifests itself is various, and it may occupy more or less of the four members at the same time. In some cases we see the muscular contraction confined for a length of time to a single finger, or even to a single phalanx of that finger; sometimes it extends to all the fingers of one hand, or to contraction of the fingers we find joined a flexion, more or less permanent, of the fore-arm or the arm; the same remark is applicable to contraction of the lower extremity; one or more toes may be flexed, or the leg forcibly bent upon the thigh.

Ramollissement with Convulsions.

The different forms of lesion affecting motility now described, may present themselves with different degrees of frequency; however, they belong peculiarly to ramollissement of the nervous centres, and when we observe them in any case, we may diagnosticate that affection with a great certainty of being right.

It is unnecessary, however, to warn you that ramollissement of the brain may be accompanied by certain accidents which are not comprehended under the rules now laid down, and if you were to meet them in practice, you would in all probability be led astray unless acquainted beforehand with these, as it were, anomalous phenomena. Thus some patients are affected with general or partial convulsions, very similar to those we observe in cases of cerebral congestion or meningitis; when partial, they affect the side of the body opposite the softened hemisphere; general convulsions are almost always the effect of a double lesion in the brain. Finally, in a few rare and exceptional cases, the convulsions have been seen to attack the same side of the body as the lesion in the brain.

Ramollissement producing Epilepsy and Tetanus.

Ramollissement of the cerebral hemispheres may sometimes declare itself under the appearance of epilepsy. M. Lelut has published an observation of this kind in the *Journal Hebdomadaire*, February 1830; the patient, who had gone to bed in good health, was seized in the night with violent epileptic fits, and soon died; an extensive ramollissement was found occupying the superficial and deep-seated parts of one hemisphere.

Again, in some cases ramollissement produces symptoms of tetanus, either partial or general; but these cases are exceptional.

In two cases we find mention made of catalepsy being the only lesion of motion observed; this also is an exception.

Ramollissement without affecting Motility.

Here are cases where the lesion of motility is unusual, and different from those which commonly attend ramollissement of the nervous centres; in some cases all symptoms of this kind are absent; we observe neither convulsion, nor paralysis, nor contraction; in a word, the patient exhibits no symptom of injured motility. This is the same thing as we occasionally observe with respect to the intelligence, but it is infinitely more rare; the exception, however, does exist. We have seen examples ourselves, and the observations published by other authors prove beyond doubt that ramollissement of the brain may terminate fatally, without having once produced the least modification of motion. These cases are generally seen in persons wasted away by long ill-health, reduced and worn down by some chronic disease, for example, and the ramollissement usually occupies a small portion of the nervous substance. But we must again repeat that they are rare. The number of cases of ramollissement now published is great, very great; perhaps we could collect between two and three hundred cases scattered through different works, yet we only know of six or seven cases in which no lesion of motility has been observed. This is all we have to say in respect of the lesions of motility which accompany ramollissement of the cerebral hemispheres. We shall next speak of lesions of sensibility as symptoms of ramollissement of the cerebral hemispheres.

Lesions of Sensibility

constitute a set of symptoms of some importance in the diagnosis of ramollissement of the cerebral hemispheres. These lesions may have their seat, either in the brain itself, or in some other part of the body.

The first and most remarkable phenomenon to which we would direct your attention, is the headache that accompanies a great number of cases of ramollissement. This symptom, noticed by all writers on cerebral ramollissement, and on which M. Rostan insists with considerable force as a sign of the disease in question, is seen in a majority of cases, although we have witnessed a certain number where the headache was completely absent. This modification of the sensibility, produced by softening of the brain, has not always the same seat. In some cases the headache is exactly limited to a point of the head which corresponds with the seat of the disease. The patient, when asked where he suffers, places his finger over the softened portion of the brain, and indicates that as the point of suffering. There is, in fact, a wonderful coincidence between the pain in the head and the seat of the ramollissement in the substance of the brain; other patients complain of a vague pain, occupying indistinctly the whole cranium, and which they are unable to localize, otherwise than by saying they have a headache. In other cases, again, the pain is fixed, circumscribed to a small part of the head; but this does not correspond, as in the first set of cases mentioned, with the lesion in the brain; on the contrary, it is situated at a greater or less distance from the softened point. Thus the pain may be confined entirely to the forehead, although the ramollissement is seated in the posterior lobes of the cerebrum, or even in the cerebellum. There are cases where the pain, general and vague in the first instance, becomes limited as the disease advances. Finally, we sometimes see the pain diverging, as it were, from a central point, attacking other parts of the head, and extending even to the neck or thoracic extremities.

The intensity of this headache is very variable; in some cases the cephalalgia is excessively intense, and the patient complains of a lancinating pain which often forces him to scream out from excess of suffering. In other cases the cephalalgia is much more feeble; the patient, perhaps, complains of a weight, of an unpleasant sensation, either confined to one point, or extending to the whole cranium; or the headache is so slight, that unless you ask the patient directly whether he suffers in the head, this symptom may escape your notice altogether. We do not find that it has any peculiar distinguishing character: in some cases the patient describes it as lancinating; in others as a dull and heavy pain; in a word, we find here the same varieties as to character, as we observe in headache arising from any other cause.

This modification of sensibility varies also in relation to the constancy with which it may exist. In several cases the patient complains of his head throughout the whole course of the disease; his headache is constant, and never quits him. In other cases the pain, habitually slight, is much aggravated at certain intervals, is renewed under the influence of moral emotions, by febrile reaction, exercise, &c., or we find that the headache returns without our being able to explain the cause of relapse. We call to mind one case in particular, of a curious nature, where the cephalalgia was completely intermittent, and returned at certain fixed periods, and the disease was mistaken for one of intermitting neuralgia.

The duration of this symptom is also various; in many cases it commences with the commencement of the malady, continues through its whole course, and only terminates with death. In other cases the headache disappears in proportion as paralysis advances, and is at last completely removed. Finally, the cephalalgia may vary

according to the period of time at which it commences; thus it may open the scene, and constitute the first symptom of ramollissement, or it may precede all the other phenomena, and exist solely in an isolated manner, for a great or less period before the actual development of the lesion; the duration of this *prodrome* is generally not long; from a few hours to five or six days; but in some cases we have seen it existing as a premonitory symptom for fifteen, twenty, or even thirty days.

Another and the last kind which we shall mention, is that where the commencement of the disease is not attended with any lesion of sensibility. The headache comes on at a later period, when paralysis, or contraction, is already more or less feebly established. However, you must remember that this lesion sometimes does not exist at any period. You may meet with several cases of ramollissement of the brain where it is altogether wanting during the whole course of the disease.

We also have occasion to observe certain lesions of sensibility in other parts that are placed under the dominion of the brain. We shall now examine these, and for the sake of order we shall divide them into three distinct classes. In the *first*, the individual exhibits no modification of sensibility in the integuments of the limb which is contracted or paralyzed. In the *second* class of cases, the sensibility is either diminished or altogether lost. When the patient touches an object, he is not sensible of its contact. If you prick the skin, he does not feel the slightest pain, &c. In the *third* series, the sensibility, far from being diminished, is, on the contrary, exalted.

The diminution or complete abolition of sensibility, is chiefly remarked in the integuments of the limb, which is at the same time the seat of a lesion of motility. In most cases the power of motion is not lost until paralysis has already existed, but in others we may observe a numbness of the toes or fingers, a sensation of cold or pricking in those parts long before any characteristic symptom of ramollissement has made its appearance. Paralysis, however, is soon established, and with it comes a complete though gradual destruction of sensibility. In some cases that are rare, the whole skin at uncertain intervals has become more dull, more unimpressionable, than natural, and afterwards recovers its ordinary power of sensation. In the third series of cases above alluded to, when the sensibility is exaggerated, we find pain, situated either in the skin alone, or in the subcutaneous tissues. The alteration of cutaneous sensibility exaggerated, we find pain situated either in the skin alone, or in the subcutaneous tissues. The alteration of cutaneous sensibility is generally confined to the paralyzed or contracted limb; the integuments then sometimes become excessively painful, and the least touch is sufficient to produce excruciating agony and convulsive motions of the muscles. At other times (but this is much more rare) the exaggeration of cutaneous sensibility extends itself to the whole integuments of the body, and the least contact becomes insupportable. In other cases, the sensibility of the skin, either remaining unaltered, or presenting any one of the modifications just described, the more deep parts become the seat of pain: these deep-seated pains may coexist with paralysis or contraction of the limb. They sometimes are very violent, and give rise to the most horrible cramps, which all our efforts are unable either to remedy or alleviate. These pains may exist habitually, or cease for some time and then return again. They sometimes precede, for a considerable period, all the other symptoms of ramollissement; we should therefore well observe their form, march, and nature, and all the circumstances, however trifling, by which they are accompanied, in order to avoid mistaking them for neuralgia or a rheumatismal affection. Some patients, on the other hand, are free from pain during the whole malady, and they are fortunate indeed, for the sufferings to which many are subject are of the most distressing nature.

What shall we say of the

Lesions Exhibited by the Organs of Sense

in cases of ramollissement of the cerebral hemispheres? The symptoms connected with the organs of sense do not afford any thing very particularly worthy of mention; or all that we might say would be merely a repetition of what has been already explained under the head of hemorrhage; the sight may be either diminished or completely lost; the hearing may undergo the same modifications. In one case, recorded in our *Clinique*, the patient lost the power of seeing, on the same side as the paralyzed limb.

Lesions of the Digestion, the Circulation, and the Respiration.

Let us now pass to the influence of ramollissement of the cerebral hemispheres on the various acts of nutritive life: here also we have very little to say of importance. The *digestion* is but slightly, if at all, troubled; the tongue remains natural, and the abdomen is not painful or tumid; however, in a few cases, we may observe vomiting, and the bowels are ordinarily a little costive: these, as you see, do not constitute any notable symptoms. The *circulation* does not seem to suffer any great degree of trouble, although here the modifications are better marked. In many cases the pulse remains calm, and does not exceed its normal frequency. In other cases the pulse is evidently accelerated, and then the ramollissement seems to be of an acute nature.

The *respiration* becomes implicated much more frequently than either the digestive faculties or circulation; in several cases the respiration remains intact. When the ramollissement is formed in a slow and gradual manner, this faculty is not deranged at first in any degree that attracts attention; however, as the disease advances, the functions of the lungs become impeded, then embarrassed and difficult, and the patient at length dies in a kind of asphyxia. If the ramollissement progress very rapidly,—be formed in a sudden and violent manner,—the respiration at once becomes embarrassed, assumes the stertorous character, and it is a matter of the greatest difficulty to distinguish this form of the disease from hemorrhage of the brain: indeed, under certain circumstances, it is actually impossible to say whether a patient suddenly seized with coma and stertorous respiration be not affected with apoplexy, though after death we find nothing but softening of the nervous pulp. This fact is certain; we have witnessed it more than once, and your future experience will no doubt attest its truth.

Ramollissement Acute.

We have now passed in review the different symptoms which accompany ramollissement of the cerebral hemispheres; but these functional derangements do not always group themselves together in the same manner: hence arise different forms of the same disease, with which we must be acquainted, whose features we must study, otherwise our history of ramollissement would remain imperfect and unfaithful. In the *first* form to which we would direct your attention, ramollissement commences and marches with all the characters of an acute disease; there is a sudden loss of consciousness, accompanied by paralysis of the muscles on one side of the body; this case is rare. Ramollissement of the cerebral hemispheres very seldom commences with such violent symptoms, but we have seen examples of this kind, and we were intimately convinced that the patient laboured under an attack of apoplexy. We opened the body after death, and sought in vain for the expected coagulum; on the contrary, we found an extensive softening, without effusion in one of the hemispheres. The loss of consciousness, marking the access of this form, may persist until death, or the coma disappears, but leaves behind it the various lesions of intelligence which we have already described at sufficient length.

The *second* form resembles the first in the sudden annihilation of the intellectual faculties, but instead of paralysis affecting one or more limbs, we have contraction; and this latter sign then indicates almost in a certain manner that the disorder is a ramollissement of the cerebral pulp.

In the *third* form also we observe a sudden loss of consciousness; but the lesion of motility is neither manifested in paralysis or contraction; we have convulsions: these affect either one side of the body or both. When the convulsions are confined to one half of the body, we may diagnosticate the presence of ramollissement; but when they are general, affecting various muscles on both sides, it is not so easy to discover the real nature of the lesion on which they depend.

In the *fourth* form we do not observe any sudden loss of consciousness: the intellectual faculties remain intact, but the power of motion is either suddenly lost, or modified in various ways already alluded to. These cases are also embarrassing, and require cautious examination. They may be very readily confounded with hemorrhage of the brain, for what is more natural, when you find a patient suddenly deprived of all power over his hand or leg, than to attribute this lesion to the effects of effusion into the cerebral substance?

Ramollissement Chronic.

We now arrive at a *fifth* form, in which ramollissement appears as a chronic disease; here the intellect is preserved for a long period of the disease, and we do not observe any sudden modification of sensibility or motility; the disease, on the contrary, marches gradually, the patient at first finds that the limbs at one side of the body are a little weaker than those at the opposite side; sometimes they are only a little painful, but this feebleness gradually changes into true paralysis, or contraction: these symptoms persist, or become more and more intense; the lesion of the brain now exercises an influence on the economy at large, the respiration is gradually compromised, and the patient dies, at length, either asphyxiated, or worn out by suffering and general weakness. Cases of this kind are much more easy to diagnosticate than those in which the disease commences *brusquely*, and imitates apoplexy. When we find a patient enjoying the full exercise of his intellectual faculties, but in whom the power of motion in one side of the body has been gradually lost, or where the hand and arm have become slowly contracted, we may with some degree of certainty pronounce on the existence of ramollissement, for there is only one other lesion, viz. tubercles, which can imitate this form, and even they perhaps produce their symptoms more by the state of the cerebral pulp round them than from anything else. Thus, if in some cases the diagnosis of ramollissement be easy, there are others where we find much difficulty in distinguishing it from cerebral hemorrhage, from meningitis, or from accidental products in the brain.

Finally, in the *sixth* and last form that we shall notice, the disease is completely

latent. During life the patient does not exhibit any single modification of the intelligence, of the motile power, or of the sensibility, yet after death we find softening of one or more points of the cerebral hemispheres, sometimes existing to a very considerable extent, from the insidious manner in which it marches, and from the complete absence of all symptoms; this form justly merits the name we have given it of "latent ramollissement."

I have now given you a pretty extensive description of the symptoms that accompany ramollissement of the cerebral hemispheres; but I have still a few words to add upon this part of our subject, after which I shall pass to ramollissement of other portions of the nervous centres. The observations which I have just made to you turn upon a certain number of forms into which ramollissement of the cerebral hemispheres may be distinguished, according to the different symptoms which attend and characterize each particular form. I have enumerated six species of ramollissement, founded on the absence or presence of coma, of paralysis, or of convulsive movements. The last form which I named was the *latent*, from the fact of its being announced by no functional lesion whatever, by none of those symptoms which in all the rest lead us to establish the existence of ramollissement of the brain. We also saw how ramollissement of the hemispheres may sometimes present itself under characters so well marked, so prominent and decisive, that we cannot possibly confound it with any other lesion. In some cases, however, we have seen the symptoms of such a nature as to bear a strong analogy to those resulting from cerebral congestion, or even hemorrhage of the brain, while it requires some caution and experience to distinguish a third series from inflammation of the cerebral membranes. We now return to the history of those functional phenomena which manifest themselves during the course of ramollissement of the cerebral hemispheres. A few observations in addition to what we have already said, will complete what we have to say upon the subject.

Order of Succession of the Symptoms of Ramollissement.

The symptoms of softening of the brain do not always present themselves to our notice in the same order of succession, or associated in the same group; hence arise, for the same anatomical lesion, various symptomatic forms that we should be acquainted with. Thus, for example, the disease does not always commence in the same manner or with identical phenomena: in some cases ramollissement of the hemispheres is preceded by a prodrome; this is generally a headache, more or less intense, a symptom of which we spoke in a former part of this lecture. This cephalalgia frequently precedes all the other phenomena, all other lesions of motility or sensibility; it is then a premonitory symptom, or a prodrome, but it does not possess any character by which we can distinguish it from the headache that precedes apoplexy and various other disorders of the nervous centres. In a greater number of cases, the headache commences with the commencement of the disease itself, of which it then constitutes an integral symptom. In some cases we have no cephalalgia, but the ramollissement is preceded by the different accidents (already described in their place) which characterize cerebral congestion. Finally, we may observe some cases where no premonitory symptom exists; the patient is suddenly seized with paralysis, contraction, headache, delirium, or other lesions of sensibility, motility, or intelligence.

Whatever may be the form under which ramollissement of the cerebral hemispheres presents itself, either with a *prodrome*, or suddenly and under an apoplectic form, its duration varies under various circumstances. It is not an easy matter to determine in all cases the exact length of the disease, for we cannot always say at what precise time it has commenced. In some cases, however, the task is more easy, the sudden development of the disease and its rapid course remove all doubts as to its duration. In some of these latter cases, the disease ends fatally in a very short period of time; its march is most rapid, and the individual has ceased to live a few hours after the first symptoms of ramollissement have manifested themselves; other cases, again, terminate still more rapidly. The progress which the disease makes is as rapid as that observed in the most violent forms of cerebral apoplexy. After having lain for one or two hours in a state of paralysis, or complete coma, the patient, who before that period seemed to enjoy perfect health, dies. These examples of ramollissement, destroying in one or two hours, are, however, very rare indeed. In a majority of cases the disease continues for a longer period, and does not terminate fatally before a lapse of ten, twelve, or twenty-four hours, and still more frequently is protracted to so many number of days. In other cases, again, ramollissement assumes the character of a chronic malady; we count its duration, not by hours or days, but by weeks. Thus you will find cases on record where this lesion continues for thirty or forty days; three months; a year. In two cases it has been prolonged to three years. When the ramollissement does not terminate in a fixed period of time, but, as we have just mentioned, continues for many months together, we may then conclude that another lesion has been superadded, or coexists with the softening of the cerebral substance, and we

may expect to find an accidental product developed in the brain.

The Termination of Ramollissement

of the cerebral hemispheres is almost constantly fatal. Indeed, it is not easy to find even a single case in which we can say with certainty that any other result took place; however, we must notice the opinion of some authors whose prognosis is more favourable. Thus M. LALLEMAND quotes a certain number of cures. In his treatise on diseases of the brain and its dependencies, you will find it laid down, that a certain number of cases of ramollissement terminate by induration of the cerebral substance; he thinks ramollissement may be converted into the opposite condition of hardening, and that a cure may finally take place in that manner. This is a fact which certainly requires confirmation. When we consider that the symptoms which characterize ramollissement of the brain are so various and uncertain, when we reflect that they may and have often assumed such a form, that it is impossible to distinguish them from meningitis or cerebral apoplexy, we cannot, in the actual state of the science, permit ourselves to conclude with M. LALLEMAND, that a circumscribed induration of one of the hemispheres demonstrates sometimes the existence of previous ramollissement.

A word on the manner in which death takes place in this disease. The fatal termination may simply be the result of functional derangement of the brain produced by ramollissement affecting any one part of its substance. In some cases it requires but a lesion of a small point to determine so great a disturbance of the nervous system as to compromise existence. In other cases the disease progresses until some complication supervenes; we then often find an effusion of blood in the centre of the softened pulp, or an infiltration of purulent matter. Meningitis may come on and hasten death. Finally, when ramollissement assumes a chronic march, inflammations of several organs, and especially of the lungs, or the digestive tube, are added to the original disorder, and close the scene, or the individual dies in a state of general prostration.

*** In addition to the one case which M. ANDRAL gave in a late lecture, in which paralysis existed on the same side of the body as the lesion in the brain, we take the liberty of directing attention to the following cases presenting instances of direct paralysis, as they certainly afford every guarantee of authenticity:—

In the *Revue Medicale*, 1826, t. 1, p. 137, the case is related of a soldier, 52 years of age, who had scirrhus of the left hemisphere, with paralysis of the left side of the body.

In the *Revue Medicale*, 1824, t. 1, p. 50, there is a case, detailed by M. BAYLE, of chronic inflammation of the membranes over the left hemisphere, producing paralysis of movement on the left side.

The same memoir contains an account of seven other observations, extracted by M. BAYLE from different authors, but they do not all present the desirable degree of accuracy.

There is a case of encephaloid tumour in the right hemisphere, in a child twelve years of age, who had epilepsy, and paralysis of the right side, communicated to the "Anatomical Society," and noticed in its bulletin, *Arch. Generales*, 1834, April, p 602.

A case of pearly tumour situated over the left peduncle of the cerebellum, producing paralysis on the same side as the lesion, was read before the same "Anatomical Society," and noticed in the *Arch. Generales*, 1834, March, p. 449.

Finally, two cases were published by M. DECHAMBRE, interne at the *Salpetriere*, of which an analysis will be found in the *Revue Medicale* for October, 1835, p. 80.

In the *Archives Generales* for June, 1834, p. 239, &c., M. DENONVILLIERS mentions that a case of direct paralysis had been observed by M. JOBERT.

ON THE EXISTENCE OF

NERVOUS INDUCTION

IN FUNCTIONAL PROCESSES.

By W. F. BOW, *M.D., Alnwick.*

WHETHER or not nervous influence and electricity, or galvanism, be identical, it is not now my intention to inquire; but there is an important law of electricity, called the Law of Induction, and I am convinced that there is an analogous law of nervous influence, whose operation in the animal frame gives rise to many physiological and pathological phenomena hitherto unexplained. I propose to call this law the "law of nervous induction," and shall attempt to illustrate it by many, of what I conceive are, instances of its operation in health and disease.

"Active electricity existing in any substance, tends always to induce the opposite electrical state in bodies that are near it." In the same manner, if one nerve, or set of nerves, becomes excited, an opposite state is induced in the nerves of a neighbouring set. Take the act of blushing. A moral cause excites the sentient nerves of the cheek, and immediately the nerves which cause contractility in the neighbouring capillaries, assume an opposite state, and permit the distention of those vessels by red blood. Take the movements of the iris.

When the retina becomes excited by light, an opposite state is induced in the nerves, conveying contractile power to the erectile tissue of the iris, which, therefore, in proportion to the excitement of the retina, loses its contractile property, and so becomes distended with blood. Hence its expansion, and the proportionate closure of the pupil. The movements of the iris may be compared to those of a delicate electroscope; or, indeed, this little organ may not inaptly be regarded as a natural and very sensible electrometer, denoting, according to the degree of its expansion, the intensity of excitement of the optic nerve.

To state here what I believe to be the functions of some of the principal nerves, will save much repetition hereafter. The great sympathetic system is composed of two divisions, one of which governs contractility in *all* muscles; the other, by a chemical agency, effects most of the secretions. The nerves of the former division I shall name *contractile*, those of the latter, *chemical*. The *par vagum* are, strictly speaking, chemical nerves, but so connected are they with the spinal accessory, that they may be said to be composed of two divisions. The spinal accessory is a motor nerve; that is, it carries an influence which stimulates to muscular motion. The branches, therefore, or the supposed branches, of the par vagum, which carry the influence of this nerve, are motor nerves. The spinal nerves are sentient and motive. The motions effected by the spinal accessory are involuntary; those by the spinal nerves are voluntary; I have, therefore, thought it proper to distinguish the nerves by calling them *motor* and *motive*.

Were it not for the law of nervous induction, the act of filling the stomach with food would be attended, at all times, with a sensation of pain rather than of pleasure; for the muscular fibres of the œsophagus, whose office is merely to transmit the food, would have to do so with a force sufficient to overcome the contractile efforts of the muscles of the stomach, which efforts would be increased in proportion to the quantity introduced. Instead of this, no distending force is required, for there is no resistance offered; the muscular fibres of the stomach become relaxed, and the food falls, as it were, into an empty sac. When the gastric branches of the par vagum, viz., those which effect the secretion of the gastric fluid, become excited, some other nerves must assume an opposite condition; for it is, as has already been said, with nervous influence as it is with electricity; an "accumulation of electricity in any one part can be effected in no other way than by withdrawing electricity from another part; nor can electricity be abstracted from the one without being received by another." The excitement of the gastric chemical nerves is, in part, sustained at the expense of the contractile nerves of the stomach; the muscular fibres of the stomach, therefore, become relaxed, and continue so until digestion in the stomach is at an end, when the order of excitement is reversed. The food which stimulated the gastric chemical nerves to activity, by being converted into chyme loses that stimulating property; hence these chemical nerves pass from a positive to a negative state, and, consequently, the contractile nerves pass from a negative to a positive state; the muscular structure thus recovers its tone, and those contractions ensue, by which the chyme is propelled through the pylorus. I am not so minutely acquainted with anatomy as to say where originate the nerves which convey contractile power to the muscular fibres of the pylorus, but I am sure that those nerves cannot proceed from the same ganglions which give off the nerves that convey contractile power to the other muscular fibres of the stomach. If they had the same ganglionic origin, the muscles of the *pylorus* would become relaxed, when the other muscles of the *stomach* became relaxed, and the food would pass on undigested. Or, supposing the stomach to contain some substance, then, when the muscles of that organ contracted, the pyloric fibres would contract also, and thus force the contained mass through the cardiac orifice.

The contractile nerves of the arteries of the stomach during digestion, assume, also, a negative state, in consequence of the excited state of the nerves secreting the gastric fluid; hence those arteries, having their power of resistance diminished, become distended, and thus present a greater volume of blood to be acted on for the production of the gastric fluid. Digestion could not proceed, were the activity of the par vagum not, partly, supported by nervous influence derived from the muscular and arterial structures of the stomach; for the stomach could not then become relaxed to receive the food, nor could the arteries become relaxed so as to be enabled to furnish, in proper quantity, the materials to be acted on by the excited chemical nerves. During digestion, then, so far as the stomach is concerned, we have an example of the operation of the law of nervous induction. We observe results arising from a negative or an inactive state of contractile nerves, induced by a positive or an active state of certain chemical nerves.

In the spleen, during digestion, the reverse is the case; we have there an active state of certain contractile nerves, induced by an inactive state of certain chemical nerves. The spleen is a secreting organ, deriving the nerves which effect this function from the par vagum. When the gastric branches, then, of this nerve, become active, the splenic branches necessarily assume an

opposite condition; they become inactive. This inactive state of the chemical nerves of the spleen, as necessarily induces an active state of its contractile nerves; and from this operation of the law of induction, arise the changes which are observed to take place in the size of the spleen. It becomes comparatively small during digestion; not, as erroneously conceived, by being compressed by the gorged stomach, but from its vessels gaining an increase of contractile power in consequence of the inactivity of its chemical nerves. The cause of the activity of the gastric branches of the par vagum being removed by the food being converted into chyme, the splenic branches of the par vagum again become active, and thus the condition of the vascular structure of the spleen is again changed, in obedience to the law of induction. That structure becomes relaxed, and, therefore, easily distended by blood; hence the spleen again increases in size, as soon as digestion in the stomach is at an end.

It is with the spleen as with every secreting organ. When the chemical nerves of the spleen become active, the nerves which convey contractility to its vascular structure assume an opposite condition, whereby the vessels become relaxed, and they are thus enabled to present to the active nerves a greater volume of blood at the time that blood is required. All glands, during the exercise of their functions, appear swollen, because at such times their bloodvessels, from relaxation, gain an increase in diameter; they therefore, for the time, contain an increased quantity of blood, the onward motion of which is, also, more tardy.

The prevailing doctrine is, that the bloodvessels of a gland become more active when the organ is exercising its function. Thus Dr. Roget, in his "Bridgewater Treatise," says, "the same influence, for example, which increases the power of secretion in any particular gland, is found to increase at the same time the action of those bloodvessels which supply that gland with the materials for secretion." It is utterly impossible that arteries can become more active, and at the same time contain an increased quantity of blood. The truth of this must be plain to every one who will consider for a moment the nature of arterial action,—so plain, indeed, as to create a doubt as to the seriousness of the author of the above quotation, when he penned it.

The nerves furnishing contractility to the pylorus, the ductus choledochus communis, and the spleen, must have the same ganglionic origins; for whilst the splenic branches of the par vagum are inactive, as during digestion in the stomach, the duct becomes constricted, the pylorus is firmly closed, and the spleen is diminished in size. Again, when the splenic branches of the par vagum become active, digestion being ended, the pylorus and the duct become relaxed, the one permitting the chyme to pass, the other permitting the bile to flow; and the spleen itself, from relaxation of its vascular structure, becomes enlarged.

We observe that when the process of digestion is at an end, the nerves which effect the production of the gastric juice, being no longer stimulated, become inactive, giving rise to renewed actions elsewhere. The splenic branches of the par vagum, recovering their power of action, recommence their labours, which contribute to the process of sanguification. As by gastric chemical agency the food is converted into a mass which is incapable of prolonging the excitement of the nerves which produced the conversion; so, by splenic chemical agency, the circulating mass is, by degrees, converted into perfect blood, incapable, at length, of prolonging the excitement of the nerves whose labours contributed to the perfection of the blood. The splenic branches of the par vagum, therefore, in their turn, decrease in activity, inducing thereby a proportionably active state in the nerves which furnish contractility to its vessels, and in the nerves which have a like ganglionic origin; consequently, the spleen, as the blood is perfected, begins to decrease in size; the ductus choledochus becomes again constricted, by which the bile accumulates until again required for admixture with new chyme; and the pylorus is forced into strong contractions, the perception of which gives the sensation of hunger.

It will be observed that I adopt the doctrine of Professors Tiedemann and Gmelin regarding the use of the *fluid* secreted by the spleen. Those gentlemen say that it possesses the property of coagulation, and is mixed with the chyle in the thoracic duct. The blood, therefore, owes much of its coagulating property to this admixture. Bostock says that this hypothesis appears to him to be liable to one fatal objection, namely, that animals have been known to live for an indefinite length of time after the removal of the spleen, without any obvious injury to any of their functions, which could not have been the case if the spleen had been essentially necessary for so important an operation as that of chylification.

Although the spleen, as a secreting organ, is, and must be, necessary to the health of the animal, still the danger to life, on its removal, does not arise from the loss of its product, so much as from the loss of the organ in its capacity of a *diverticulum* to nervous influence when digestion is over. This is the most important part of its function; the chief end, apparently, for which it is designed. Were it not for the spleen, the animal would be incommoded by a constant craving for food; and, digestion in the stomach being ended, the whole force of nervous influence which had been employed

in the process, would be thrown upon the system of contractile nerves, giving rise to strong arterial contraction, and, consequently, venous congestion. These are not the fancied effects of the removal of the spleen; their occurrence is confirmed by experiment. The voracity exhibited by animals deprived of the spleen, is so remarkable as to have been noted by almost all who have so experimented. In confirmation of what happens on digestion being ended, from the want of a diverticulum, I shall cite Mr. Dobson:—

"*Experiment* 1.—The spleen of a dog was removed. The animal apparently suffered little pain from the operation. On the following day I gave it a quantity of food; it ate voraciously: for three hours afterwards, no perceptible alteration was produced; but in *four* hours indications of uneasiness were shown, and the animal became restless, and at last sunk into a torpid state: it was often moaning; the pupils were dilated, the heart labouring, there was frequent micturition, the respiration was exceedingly laborious, and, in short, there was every mark of plethora, or over-fulness of the vascular system. In the course of two hours from this period, the animal began to recover; and in about three hours these symptoms had subsided; considerable languor remained. The animal took a large meal twice or thrice in twenty-four hours, and after each meal precisely similar effects were presented. The animal became more feeble daily. In a month after the operation it died."

All the above symptoms might have been predicted; they all arise from morbidly increased contractility. That of the arterial system, causing venous congestion, is too plain to be disputed; the frequent micturition is testimony sufficient of the state of the bladder. I might here explain the cause of the dog's recovery from the state described, but I think I can do so more clearly, certainly in fewer words, by-and-by.

If the remote cause of the symptoms detailed by Mr. Dobson be the removal of the diverticulum of which I speak, it must follow that if we can render a diverticulum unnecessary, no such symptom need appear. The only way to render a diverticulum unnecessary, is to keep up or prolong the activity of the nerves which secrete the gastric juice, and this, as will be seen by Mr. Dobson's next experiment, can be done by feeding at short intervals:—

"*Experiment* 2.—I next removed the spleen from another dog, but instead of giving full meals, as in the last experiment, I gave a small quantity of food every hour, or every two hours. The animal ate voraciously; no unpleasant symptoms resulted. This plan was pursued for three weeks, when the animal to all appearance was quite well; in fact it became fat; the ligature upon the splenic artery had come away, and the wound in the abdomen was healed. I then commenced giving full meals, twice in twenty-four hours; the same train of symptoms followed each meal, and at the same period, as in the last experiment, though perhaps not so urgent. The animal died in a month from the commencement of this plan of feeding."

There are very many circumstances, independently of facts resting on experiment, which lead to the conclusion that the product of the secreting function of the spleen charges the blood with a great portion of its fibrin. This function of the spleen is foreign to my subject, I shall not, therefore, dilate upon it. I may remark, however, that in certain morbid states of the organ, there is a wonderful deficiency in the coagulating property of the blood, and that, owing to a want of knowledge of this fact, unlooked-for and unhappy results have followed surgical wounds. An interesting case of the kind is to be found in Mr. Wardrop's lectures, published in THE LANCET for 1833-34, vol. I. p. 132; it is as follows:—"I attended a patient, where the introduction of a common seton-needle in the side was followed by a fatal hemorrhage. A gentleman, who had an enlarged spleen, was advised to have a seton introduced in his side, and this was done, in the usual manner, by Sir Astley Cooper. Alarmed by the quantity of blood oozing from the wound, I was sent for to see the patient in the evening of the same day. On withdrawing the cord, pressure, carefully applied, with graduated compresses, did not avail, and the hemorrhage being so profuse as to make it appear probable that some vessels of considerable size had been wounded, I thought it expedient to divide that portion of integument which existed between the two perforations of the seton-needle. Having done this, I found that the blood issued from numerous orifices, and I secured no less than nine vessels with ligatures. Blood continued, however, to ooze from numberless small orifices over the whole surface of the wound, which every mode of treatment usually employed failed in arresting, and the patient died in a few days." Had the fact, that the blood is deficient in coagulating property in some affections of the spleen, been adverted to, the introduction of the seton would not have been advised. In the narration of the above case, the "enlarged spleen" is but incidentally mentioned, the abnormal state of the blood being imputed to peculiarity of constitution. We know, however, that in some chronic affections of the spleen, there is a great tendency to hemorrhage from the stomach and intestines, the discharge not coagulating, but having the appearance of coffee grounds. I know a female who, some years ago, fell from a ladder, and received a bruise on the left side; at present (and

for some time back) she complains of fulness and uneasiness in the region of the spleen, and she has had, occasionally, during the last year, sanguineous dejections. A few months ago I had occasion to order a couple of leeches to the nape of the neck of this patient. I advised that they should be applied in the morning, in order that the oozing from the bites might cease before bed-time, for I anticipated, from the disorder of the spleen, that it might be troublesome. They were applied at noon, and the blood continued to ooze until two o'clock next morning, before which time she dared not go to bed.

As enough has been said of the normal operation of the Law of Nervous Induction, physiologically considered, I shall now attempt to give some instances of its abnormal operations, from which the symptoms of disease arise.

A blister being applied to a part of the surface of the body, the sentient nerves there become irritated and excited, and thus an opposite state is induced in the contractile nerves of the neighbouring capillaries. Hence, the power of resistance of these vessels being diminished, they permit of distention by red blood. The irritating cause (the blister) being continued, the relaxation of the vessels increases to such a degree, that lymph oozes from their mouths, which, being confined by the cuticle which it detaches, becomes a barrier to further irritation. In this simple morbid process lies the whole theory of inflammation, that little-understood, though often-handled, subject. The first link in the chain of the diseased action which constitutes inflammation, is a morbid excitement of the sentient nerves of the part; this induces an opposite state of the nerves furnishing contractility to the neighbouring vascular structure; and if the excitement be prolonged, or extended, the opposite condition is also extended to the larger arteries, until, at length, the whole arterial system is involved, and sympathetic fever is established. The most prominent feature of this fever is said to be *excitement* of the sanguiferous system. Excitement indeed! We see vessels furnished with coats for the purpose of confining and forwarding the contents of those vessels; we see them lose the power of resistance, and thus become distended; we see them labour to rid themselves of the distending fluid, by frequent, weak, and unavailing contractions, and yet we name their condition one of "excitement!" If, by "arterial excitement" be meant—"a condition resulting from the loss of power to act forcibly," then is the phrase well applied; but those who use it to express the condition, tell you also that the curative indication is to reduce the *force* and frequency of arterial action by blood-letting. If blood-letting in the cure of inflammation had acted by reducing the force of arterial action, then, as a means of cure, it would never have descended to us; for not one patient could have recovered from the disease, or, more correctly speaking, from the remedy. To be really effective in the cure, venesection must be carried to the extent of impairing, more or less, the energy of the brain. This impairment is denoted by syncope, or a state approaching to it, during which the sentient nerves, which were morbidly active, become passive, and those which furnish contractility to the arteries which were proportionably passive, become active; hence these vessels, having their contractility restored, are enabled to relieve themselves of the distention under which they labour. Instead of reducing the *force* of arterial action, we increase it; the contractions then become more perfect, and, because more perfect, the contractions become less frequent.

Whatever tends to impair the energy of the brain, and thus, by nervous induction, to increase the contractile power of the arterial system, will be found a means of reducing inflammatory fever. We are told to bleed for the purpose of relaxing the vessels, when it is plain that it is relaxation that ails them. We would bleed in vain, did we not, by so doing, cause a restoration to them of contractile power, in the manner I have attempted to explain.

The remote causes of idiopathic fever, act by impairing the energy of the *brain* and *spinal marrow*, or, in other words, by producing a negative state of those centres, and, of course, of all the nerves proceeding from them. By the law of induction, it necessarily follows that some other nerves—nerves which have not their origin from the brain or the spinal marrow—do assume an opposite, or a positive state. We look now to the sympathetic system, and we find the contractile nerves all positively affected. The chemical nerves of this system are not affected positively. They are negatively affected, not, however, from the same cause which produced the like state of the cerebral and spinal nerves, but because the positive state of the contractile nerves induces a negative state of them. From this morbid distribution of nervous influence, arise all the symptoms which characterize the first stage of fever. From impaired energy of the brain and spinal marrow, we have listlessness, dejection of spirits, diminished sensibility, and indisposition to muscular exertion. From increased contractility there is constriction of the arterial system, giving rise to the small and frequent pulse and venous congestion; to paleness of the face and surface of the body; to shrunken features and diminished general bulk. The voluntary muscles become so charged with nervous influence, or contractility, that they, in a manner, change their nature, and be-

come involuntary; hence arise rigors. From the negative state of the chemical nerves of the sympathetic, there is defective secretion throughout the body, undecarbonized blood, and loss of animal heat.

Our best pathologists have it, that the remote causes of fever act by impairing the energy of the *nervous system*. In this there is a fallacy which has proved a heavy drag on pathological research. This error I did not escape when I published on the Nature of Fever, and I therefore endeavoured, with unintentional sophistry, to account for all the symptoms of the first stage, by reference to impaired nervous power generally. Although I then had some notion of the law of induction, I did not see its application sufficiently clear. Blinded by specious authority and early impressions, I argued impaired nervous power from symptoms, nay, signs, of increased contractile power.

Reaction takes place, and the second stage of fever is formed. Let us not take refuge under that miserable philosophy which would have us regard reaction as a specific principle, according to which the first stage becomes the immediate cause of the second. It is evident, that during the negative, or inactive, state of the chemical nerves, the products of secretion throughout the system must become defective in quantity, or in quality, or in both. They must thus act as foreign matter, and become a cause of general irritation. Sooner or later the sentient nerves become alive to this cause of irritation. They become excited, and thus is the order of operation of the law of induction reversed. Contractility, which before superabounded, now becomes deficient; hence the arteries, from a state of constriction, lose their power of resistance, and become distended. This negative state of the contractile nerves now induces a morbidly active state of the chemical nerves; hence the great increase in animal temperature, the highly florid state of the blood, and the acid nature of the secretions.*

With regard to Mr. Dobson's experiments, I said that all the symptoms denoted morbidly-increased contractility, and, consequently, that there must have been a negative state of the chemical nerves. The vitiated products of secretion would then become the irritating cause by which the order of induction was reversed. The animals, however, must have laboured under febrile symptoms until again fed, which, doubtless, was the cause of the "considerable languor" which remained.

I must here conclude. I fear that I have already encroached too largely. If there *be* a law of nervous induction, I have, notwithstanding my prolixity, simply pointed it out. The subject might fill volumes. If there be not such a law, I have said too much.

Alnwick, Feb. 27, 1836.

* I speak very gratuitously regarding the acidity of the secretions. I take the hint from M. Donné, *Medico-Chirurg. Review*, Jan. 1836. The acid principle is evolved by positive electricity. Why not by positive nervous influence?

HAHNEMANNISM.

To the Editor of THE LANCET.

SIR: Having lately seen some notices of Hahnemann's new doctrine in your valuable Journal, I forward to you the following observations for insertion.

Bold, but inconsiderable and despised, homœopathy originated at the beginning of the present century. Opposed, as its doctrines were, to all hitherto received ideas, it necessarily met with the opposition of the medical world. Hahnemann's proposition of axioms, the blind acceptance of which he required from his followers, could not but be disgusting to the better part of the profession. The proposed abolition of all that had before been held to be true, the mysticisms which obscured the whole system, and the wandering life of the author, were all calculated to keep back disciples. At first, therefore, only such medical men as did not think for themselves could be gained over to the new practice. Peculiar circumstances, however, favoured its extension. Among other causes, perhaps a chief one was, that many were disgusted with Brown's system, which at that time was at its height, and they thus embraced the opposite extreme. But, also, it was a time for *systems*, and, for many purposes, this one answered just as well as any other. I do not wish to say, that all who followed Hahnemann were insincere, or did so blindly, but I am forced to say that, for the greater part, little can be said in their favour.

Every scientific reader of Hahnemann's works, which chiefly treat of chronic diseases, for which he allows three causes only, must perceive, at the first glance, that all he says amounts to assertions merely, for hitherto the proof has been wanting, and the only conclusion to which we can come is, that Hahnemann has rejected all that was received before, without giving us in its place anything but a list of effects of medicines on the healthy. On these the homœopathic practitioner is to found his rules for treating any given case. Of a pathology, he has only given us some fragments. Of a therapy, nothing. The doctrine of diagnosis remains wholly unnoticed. Many remedies, bleeding and vomiting, are entirely condemned by homœopathists, and though we do not advance in argument the happy effects produced by both of these means ever since medicine became a science, yet

we must laugh at the ridiculous presumption of those men who discard what nature herself often has recourse to for removing disease. The Hahnemannists, then, not only oppose medicinal science, but they discard the natural curative process; and yet they call their treatment the most conformable with nature! To try the effects of medicines on the healthy, is a suggestion of Hahnemann's creation. Before his time remedies were observed with regard to the sick only. In some instances their effects, certainly, were known on the healthy, as well, but more from accident than in consequence of investigation. Hahnemann, observing that remedies taken by healthy individuals produced symptoms similar to those diseases against which they were used, founded upon that observation his doctrine of "similia similibus," making it a general rule to employ in each diseased state such remedies as would produce the symptoms of a similar malady in the healthy. *A priori*, the correctness of this position cannot be denied. Traces of it we find in the ancients. For instance, it was known that the too free use of quicksilver against lues, produced a disease similar to lues. It was but natural that Hahnemann's system should be very imperfect in the beginning, it being one founded on observation, and consequently requiring much time to perfect it. Whether, however, the conclusions thence drawn be true, or whether the axiom be only true as regards certain remedies, must yet be proved, and only time and many experiments can decide this question either way.

Hahnemann, wishing to observe the effects of different remedies, was obliged to give them pure, *i. e.*, without admixture. And herein consists one of his chief merits with regard to the amelioration of medical science. Before his time remedies were given in such marvellous, and often such absurd compositions, that the effect of each ingredient seldom if ever could be ascertained. This appears the more surprising, as some of the most distinguished practitioners always preferred the simpler forms of prescription. But it seems that the generality of medical men rather copied recipes which were recommended by some authority or other, than thought for themselves. I do not, however, wish to be understood as condemning all compositions, for the value of some has been tested by long experience; but if we consider what ridiculous reasons became the grounds for the adoption of different remedies,—often only the taste, the smell, the colour, or even the form of the drug, we cannot too highly prize the labours of the man who attempted to ascertain the exact operation of each and every remedy to be used. The idea certainly is good, to examine the effects of medicine on the healthy; for every attempt to know them is praiseworthy. And homœopathy in this has certainly done a great deal more than any other system ever did before. To find new specifics is also a merit of Hahnemann and his followers.

We now come to that part of the homœopathic system which may be considered the most absurd, namely,—that the smaller the dose the more intense should be the effect. This assertion is also quite novel, and until Hahnemann has established it on better proofs than have hitherto been afforded, every thinking practitioner must see its feebleness; and, to say the least, it must be confessed that Hahnemann has gone too far in his proposition. There can be, however, no doubt that before Hahnemann, many practitioners have given medicines in unnecessarily large doses, and, in many cases, if they did not observe the desired effect, they continued increasing the doses, not ascribing the failure to their injudicious choice, but to the smallness of the quantity, and so went on, not only failing to cure the evil, but often increasing it, and adding new ones; and though Hahnemann fell from one extreme into the other, we must allow him the merit of being the first to draw attention to the abuse, and of having done all in his power to diminish it. That anything is effected in homœopathic practice with very small doses, may arise from the fact that very powerful remedies, and chiefly in the form of tincture, are used by the disciples, and also that the system of the patient has become very sensible to medicine, in consequence of the exceedingly strict diet enforced.

Of this latter we must say a few words. Much mischief, without doubt, has herein been done by omission. Many medical men have hardly the courage to insist upon a strict diet. Many think it of no importance. The idea of dieting is almost as old as medicine itself, but to abstain from certain spices and certain dishes belongs to Hahnemann, and is new, inasmuch as it regards only the quality and not the quantity. What Hahnemann says with respect to the preservation of health, is hardly worthy of notice, and has as yet only been used to advance some quackery or other. I speak of his hygeine, which recommends the adoption of a certain diet in order to prevent disease.

To show that homœopathy is not without much good, nor its founder without merit, was the object of these remarks, which are chiefly drawn from authorities better informed upon the subject than myself, and I could have wished to see a statement of facts in abler hands than my own. As it is, I hope to be excused. I was merely desirous to show in its true light, a theory which owes its origin to my own country, and which I therefore must be sorry to see condemned without allowing to

which lately came into my possession). It if those redeeming merits which homœopathy certainly possesses. I remain, Sir, your very obedient servant,

CHARLES SCHMIDT, M.D.

8, Dover-street, Piccadilly,
March 1, 1836.

DOUBLE VISION.

To the Editor of THE LANCET.

SIR: On reading the account of the case of double vision in your Number of the 27th ult., I have thought it might interest some of your readers, to detail what occurred to myself of a similar nature.

In August 1831, during intensely hot weather, I was travelling alone in the Malle Poste from Bordeaux to Paris (a journey which is not performed in less than sixty hours, including the long stoppages on the road), when, on the second day, I was rather surprised at perceiving the distant rows of trees in double lines, one *above* the other, which at first I thought was attributable to the badness of the glass of the windows, which were closed, but upon opening them I found to my surprise, that the cause existed in my own vision, and upon trying the effect of opening and closing each eye, I found clearly that both eyes were similarly affected, but the left much more so than the right. It, however, only seemed to attach to distant objects, for persons or cattle near the carriage I saw perfectly distinct as usual. This state continued until I reached Paris, when, thinking it might be occasioned by want of sleep (not being able to repose in a vehicle), I concluded that a day or two's rest would carry it off; but after that period, finding myself unable to look at any thing steadily, and that the left eye had in its white part a yellowish spot as big as a pea, whilst my bowels were much confined, and my head at the crown felt uneasy, and with a kind of strained feeling, I sent for a medical gentleman, whose name I forget, but who immediately wished me to be cupped. To this, having an unconquerable aversion to lose blood, I objected, but permitted him to physic me *ad libitum*, which he did, and by so doing, unloaded the bowels, and a little relieved the sight; but on my arrival in London a few days afterwards, I found all the symptoms return, and my sight so much affected, that I could not recognise a friend at a few yards distance. Fearing, however, that this evidenced a tendency to apoplexy, I now consented to be cupped, which gave me but temporary relief, and it was not until two months had elapsed, that the affection wore off, which it did gradually, and I have never had a return of it. My eyes are a bluish grey in colour, and my sight has always been remarkably good. I was inclined to attribute the phenomenon to a redundancy of blood, occasioned by the luxurious diet of the south of France, and to my taking very little exercise, whereas I have always at home been accustomed to much exercise, both equestrian and pedestrian, and nothing deranges me more than confinement in a carriage for any length of time. My living is always temperate. I am, Sir, your obedient servant,

A CONSTANT BUT NON-MEDICAL READER.

Stoke Newington, March 3, 1836.

SYPHILIS.

To the Editor of THE LANCET.

SIR: My attention having been directed to some observations on syphilis, by Mr. Eagle, in THE LANCET, No. 631, I take the liberty of proposing the following questions to him, and to those who advocate the same opinions.

Mr. Eagle assumes, "that many effects imputed to venereal poison are produced by mercury." How is it, then, that of the tens of thousands who are daily taking mercury for other diseases, numbers are not similarly affected?

If the venereal poison be not absorbed, how can the system be contaminated?

What evidence has Mr. Eagle to prove that chancre will produce gonorrhœa, and gonorrhœa chancre? I am aware that the common answer is, that "Two individuals may have connection with the same woman, and the one have chancre and the other clap." But gonorrhœal and chancrous matter may be left in the vagina from previous intercourse. Indeed, I have known a healthy female communicate the disease, which could only have arisen from this cause.

With regard to mercurial rheumatism, I am not yet a convert to the doctrine of Hahnemann, viz., that a disease is produced and cured by the same medicine. Lastly, I have met with nothing to shake my faith in the mercurial treatment of syphilis, and, I may add, that the opinions of Messrs. Guthrie and Rose are in opposition to those of the majority of British practitioners. I am, Sir, yours respectfully,

INVESTIGATOR.

March 7, 1836.

PROPOSAL OF LIGATURES TO BLEEDING VESSELS.

To the Editor.—SIR: Knowing the interest which you take in all matters relating to our profession, I beg leave to communicate to you the following passage (occurring in a very curious and ancient work

completely takes away, I think, from Ambrose Paré the honour which is assigned to him by all surgical lecturers and authors, of having been the first who applied ligatures to bleeding vessels. The work is entitled "Gabelhover's Boocke of Physicke," and was first translated into English in the year 1559, being twenty years before Ambrose Paré's account was published. The following is the extract, taken from page 303, being the commencement of the fourth part:

"If then ther be anye vayne discided or hevved a sunder, you must then knovve that both the endes of the vayne vvhich is discided doe dravve themselues vpvvardes in the flesh, vvhereof you must indevour, with little *instrumẽtes* fit for such a purpose, to take houlde of that ende of the vayne vvhich is shrunk up into the greater parte of the bodye, dravve it forth, and vvith a crooked needle, to sticke it, and soe to binde it," &c.

I trust you will not think this communication of too little importance for insertion in your valuable periodical, as the explosion of any error, even in the history of our profession, cannot be void of interest. I remain, Sir, your obedient servant,

JOHN MOORE NELIGAN.

5, South College-street, Edinburgh;
March 5, 1836.

CHEMICAL AND PHYSIOLOGICAL RESEARCHES UPON THE BLOOD OF THE VENA PORTÆ.

PROFESSOR SCHULTZ has communicated, in Rust's *Magazin für die Gesammte Heilkunde*, the results of some interesting chemical researches upon the blood of the vena portæ. In the first part of his memoir he publishes the results of his experiments upon the portal blood of horses, of which the following is a succinct account. He states that

1. The blood of the vena portæ is in general more dark than venal blood, though this difference is not always very distinguishable. It is not reddened by solutions of neutral salts, nor by the contact of atmospherical air, nor by the action of oxygen gas.

2. The portal blood does not coagulate, or if it do so at any time, it forms cakes, of which the texture is less firm than that of the blood of other veins. When the portal blood forms these cakes it liquifies, either wholly or partially, in about twenty-four hours, and gives, in a similar manner to the portal blood, which does not coagulate, a black sediment, over which we find a volume of clear serum.

3. Generally speaking, portal blood contains 5.23 per cent in a fresh state, and 0.74 per cent in a dry state, more of fibrin than other venal blood, or arterial blood.

4. Liquid portal blood in general contains less solid particles than other venal blood or arterial blood, i.e. 0.18 to 0.3 per cent.

5. The serum of portal blood generally contains 1.58 less of solid particles, than that of arterial blood, and 0.80 less than that of other venal blood. The first, in a dry state, has an ash-gray colour, the second is yellow, and the third a yellow-green.

6. Portal blood contains proportionally more crassamentum and less albumen. The contrary obtains in arterial blood. The dry crassamentum of the vena portæ is gray and brown in colour. That of other veins is deep-red, and that of the arteries is bright-red.

7. Portal blood contains nearly double the quantity of oily matter that is contained in arterial blood, or blood of other veins, viz.,

In portal blood	1.66.
In arterial blood	0.92.
In blood of other veins	0.83.

8. Dried serum of the vena portæ contains only 0.27 per cent more of oily matter than the dried serum of the arteries and other veins.

9. We find in albuminous crassamentum more albumen by 1.11 per cent than in arterial blood, and 1.21 per cent more than that of the other veins.

10. It is with respect to the quantity of fibrin that the greatest difference is found. Dried fibrin of the vena portæ 10.70 per cent of oily matter; that of the arteries 2.34 per cent, and thus upon the whole the difference is 8.36 per cent.

11. The oily matter of portal blood is brown, black, and unctuous; that of the arterial and of other venal blood is white, or yellow-white, and crystalline; that of chyle is white, two-thirds liquid, and one-third crystalline.

On perusing the paper which contains these statements, the absolute necessity for the adoption of some standard with respect to the fibrin is rendered very obvious. We are aware that after fibrin is dried in the usual manner, the process may be continued until it has become one half less in weight, although the external character shall not be changed. Were the fibrin pressed and dried with a towel, its comparative weight in different diseases would be accurately ascertained, and all we should have to do would be to establish a standard as to the quantity of the fibrin when collected from the blood in the usual manner, and the press and weight of lead employed should also be de-

termined. When we wish to take a standard for normal blood with which we ought to compare diseased blood, we ought to work quantitively, by giving, in separate items, the water, the crassamentum, the fibrin, the albumen, and the salts. Such are the rapid changes which *diseased* blood, *particularly*, undergoes, that we are compelled to use this plan, for if we enter into such minutiæ as LECANU gives us in normal blood, not one chemist in a hundred would ever attempt such a task, nor would the rapidly decomposing blood of a diversity of diseases permit even LECANU himself to investigate any simple disease in such a uselessly minute manner. When we are about to ascertain the gases contained in blood, or any other organic fluid, we should take ten ounces at least, in the manner recommended by Dr. CLANNY in this journal, and submit them to the action of the air-pump. His method of analysis of blood in our pages is also worthy of attention.

EXAMINATION OF FIESCHI'S HEAD.

ON the 21st of February, Dr. LELUT, physician to the *Bicêtre*, proceeded to examine the head of FIESCHI, who had been executed on the Place St. Jacques, at eight o'clock on the morning of the 18th. There were assembled a considerable number of the notables in phrenology, advocates and adversaries of the system, and a few literary men and painters, but not a single surgeon.

The cranium presented exteriorly the marks of two wounds, one of which was situated over the postero-superior angle of the left parietal bone, and occupied a considerable surface; the other, much smaller, was seated a little above the extremity of the left eyebrow. Near the angle of the mouth, on the left side, was an oblique cicatrix, nearly half an inch in length, so completely formed, that it might have passed for the mark of an old wound. The external wound of the integuments, above the ear, was not yet closed.

The soft parts were now carefully removed by a crucial incision, and the bone exposed. At the point corresponding with the wound in the left parietal bone, was observed an oval projection of the osseous wall, as large as a crown piece; this prominent portion of the bone was perfectly circumscribed, and bore some resemblance to a watch-glass fixed in its circle. Its surface was throughout uniformly convex, except at a small point inferiorly. On cutting through the skull, and examining its internal surface, a concave space of the same form and dimensions corresponded with the external projection, and it now became evident that the latter was nothing else than a portion of the skull, which had suddenly and in totality been removed, as it were, by the action of a punch, and being at once replaced by the surgeon, had subsequently united to the rest of the cranium. A very thin false membrane lined the internal surface of the fractured bone, and separated it from the dura mater; however, the membranes of the brain near the wound were perfectly healthy, and presented trace neither of external lesion, nor of inflammation. It was evident the brain had not been injured, a circumstance which explains how the assassin was able to descend from his chamber-window by a cord into a neighbouring court; yet the shock must have been dreadful. The wound on the forehead seemed only to have entered the external wall of the frontal sinuses. FIESCHI, during his trial, spoke of seventeen or twenty fragments of bone which had been removed from his head; this was an exaggeration, if not false, for nowhere could any loss of substance be perceived.

The nature of the wound, and particularly its mode of union, offer several particularities of the highest surgical interest. No doubt M. LELUT will shortly publish a detailed account of the autopsy; in the mean time we have taken the above remarks from the last number of the *Gazette Medicale*, which, as usual, endeavours to show that FIESCHI's head is a complete refutation of phrenology. According to the *Gazette*, FIESCHI's head is completely insignificant in a phrenological point of view. Its absolute volume is very ordinary, while the relative proportions offer nothing worthy of fixing the attention; the forehead is ignoble, the lateral diameters are very short. There is only one single organ evidently developed—viz. *philoprogenitiveness*; that of *habitativity* also is active. The organs of *vanity* and *pride* do not present any projection of note, although those two passions were certainly the key-stone of his whole moral machine. The truth must be told on all these occasions, unhesitatingly.

HOPITAL DES ENFANS MALADES, PARIS.

RESEARCHES INTO THE DISEASES OF CHILDREN,

CONDUCTED ON THE

KNOWN PRINCIPLES OF ANATOMY AND PATHOLOGY.

CHOREA.

CHOREA, or "St. Vitus's dance," as it is popularly called, is a disease which very seldom terminates in a fatal manner, and it is only occasionally—at very distant intervals—that children labouring under this affection are cut off by some supervening malady. We have had occasion to observe only two necropsies of children who have died while affected with chorea, and the results of an examination were completely negative. The symptoms of chorea are well known to all practitioners who have had the slightest experience in the diseases of children; we shall not therefore recur to them here, or to its treatment. The remedies which have been at different times employed in chorea, are very different. Since the time of Drs. HAMILTON and PARR, purgatives have, we believe, been the favourite remedies with English practitioners, who, amongst the multifarious accidents which they attribute to disorders of the digestive organs, foul bowels, constipation, &c., rank also chorea sancti viti. It is the opinion of UNDERWOOD that it should be so ranked, and of his last "editor," who seems inclined to superadd want of tone in the system. We do not mean to assert that certain cases of chorea may not depend on irritation of the intestinal canal, for such we suppose to be the translation of "foul bowels" into medical language; but we are strongly inclined to regard the opinion as erroneous, which would attribute chorea in a general manner to derangement of the digestive system. On the contrary, we are disposed to consider it as essentially a disease of the nervous centres, occasionally depending on irritation, but in a vast majority of cases produced by causes whose influence we are not yet sufficiently advanced to be able to appreciate. Purgatives are employed, it is true, with considerable success in the treatment of chorea; hence certain writers, and a great number of practitioners, draw the very illogical conclusion that chorea depends upon "worms, foulness of the bowels," &c., and that we must torment our patient with a course of mercurial or aloetic purging. If a large number of cases of chorea be cured by the purgative method, it is because chorea, like certain other nervous affections, yields, generally speaking, to any strong impression made upon the system, and not because the disease depends immediately on disorder of the digestive function, removed by aloes or calomel. We are induced to make this assertion, which will probably appear heterodox to many disciples of the purgative school, by the fact that we have seen a vast number of cases of chorea (of all descriptions, and taken indiscriminately) treated by the simple means of cold effusion, and with the most happy results. For the last few years baths have been the favourite remedy at the *Hopital des Enfans Malades*. They are administered under various forms; cold-baths at the ordinary temperature, immersion-baths at 15°, and sulphureous baths. MM. JADELOT and GUERSENT, who have the care of the scrofulous patients during the winter months, and do not take charge of the acute wards before the arrival of summer, are in the habit, the former, of employing cold baths, the latter, immersion-baths.* Whenever any apprehension is entertained of the existence of bronchitis, either in the acute or chronic form, M. GUERSENT replaces the immersion-baths by sulphureous baths, a remedy proposed about four years ago by M. BAUDELOCQUE, who has since continued constantly to employ them. The sulphur-bath is composed by adding about 4 oz. of the sulphuret of potass to a common bath, in which the patient is placed for an hour. Fifteen to twenty baths are in most cases sufficient to remove the disease. Thus, from the month of September 1832 to the month of January 1833, fourteen girls were treated exclusively with the sulphur-baths, one every day excepting on Thursdays and Sundays. Of these fourteen, thirteen were perfectly cured, and the mean duration of the patients' sojourn in the hospital was only twenty-four days. We doubt if any other method can furnish such favourable results. Should the disease resist the administration

* We call an "immersion-bath," one into which the child is plunged four or five times successively, instead of being placed in the bath for a certain time.

of ten or twelve baths, M. Baudelocque is accustomed to add the subcarbonate of iron interiorly. During the course of the malady he prescribes a substantial diet and a double ration of wine. The ordinary drink of the patient is an infusion of linden leaf and orange flowers. MM. Guersent and Jadelot sometimes administer the oxide of zinc, valerian and meglin pills (composed of *Ox. Zinci* et *Valer.*) The acetate of morphine has latterly been tried in four cases, but without any advantageous results. Purgatives are given in all cases where constipation exists, or whenever the presence of intestinal worms is suspected; and if there be any symptoms of plethora, some blood is abstracted from the system. The following cases, to which we might add several others, will serve to illustrate the action of medicated baths.

Case 1.—*Intense Chorea, with Imperfect Paralysis of the Limbs; Mutism; Sulphur-Baths; Rapid Cure.*

A young girl, ten years of age, recently arrived from Auvergne, of tender constitution, mild character, and excessively timid, was suddenly frightened on the evening of the 10th of January, by a boy who had concealed himself in a hall for the purpose of terrifying her. The girl let fall the utensil she carried in her hand, and at the same moment was seized with irregular movements, and a complete paralysis of the left arm. From the 12th to the 15th, the movements became more irregular and intense; the left leg became feeble, and the patient dragged it after her in walking, like a paralytic person. Her gait is vacillating; she is forced to catch hold of the furniture to prevent herself from falling. During the first two or three days the parents, who had no suspicion of the existence of disease, were constantly reproaching the patient for her awkwardness; a circumstance that considerably aggravated the accidents. On the 17th of January the irregular movements had affected the four limbs, the muscles of the face, the tongue, and the larynx; progression was now impossible, the patient could not articulate distinct sounds. She was brought to the *Hopital des Enfans Malades* on the 19th; her state now seemed very alarming. The child was a prey to the most extreme agitation. It is with difficulty that she could be confined in two beds placed one beside the other, and placed in an angle of the ward. She is unable to speak, or keep the head for an instant in its natural position; it falls to the right or left side, as if the muscles of the neck were paralyzed. She is unable to sit up in bed, or maintain that position when placed in it. The respiration is excessively embarrassed, and the asphyxia seems imminent. The agitation of the patient prevents us from counting the pulse. In the morning, immediately after her arrival, the patient was placed in a sulphur-bath, and kept there for an hour and a half. On coming out she was a little calm; in the evening a second bath; the day following she took two other baths, with the sulphuret of potass.

On the 23rd, four days after the patient's admission, an evident improvement had taken place. She can answer a few questions, and put out the tongue, with considerable efforts; she took a few spoonfuls of bouillon; the movements of the limbs are less irregular, but still the patient is unable to seize a single object with the hands. A sulphur-bath is administered every day; the drink, infus. lindæ et flor. orang. On the 1st of February the child is able to get out of bed alone, and walk about. On the 5th no trace of the disease remains, except some slight irregular movement of the tongue and a little weakness in the limbs. The expression of the face is natural; progression regular; pulse constantly calm. From the 3rd to the 15th, the general force is much improved; the movements of the tongue become natural; a sulphur-bath is administered six times a week. The diet is nourishing, and on the 15th of February the patient left the hospital perfectly cured.

Case 2.—*Child Thirteen Years of Age. Slight Chorea, attacking simultaneously both Sides of the Body; Four Relapses; Sulphur-Baths. Cure after Nine Weeks' Illness and Three Weeks' Treatment.*

Sophia Mollet, thirteen years of age, of a delicate constitution, small stature, not having yet menstruated, was received into the hospital about the end of September, labouring under chorea for the fourth time. The first attack came on at the age of four years, and continued for a month; the second at the age of seven; duration unknown; the third attack at the age of ten, continued for three weeks, and was cured by cold baths. The invasion on these three occasions took place without any known cause; the disease was constantly developed in a slow and progressive manner. The fourth attack, under which the patient actually labours, commenced about six weeks back; it commenced on the right side of the body, and did not extend to the left side before a lapse of three weeks; about the thirty-fifth day the patient began to stammer; headache set in from the commencement; the child's temper was also much changed for the worse; she cries without any cause, and the intelligence is diminished. According to the parent's account, the child's face is the seat of constant grimace; progression is irregular, and the patient fell down twice in her way to the hospital. The fingers are in

constant movement; the muscular force somewhat reduced; the digestive and circulating systems do not present any mark of derangement. On the day after admission, the patient submitted to a course of tepid sulphur-baths, each bath for half an hour; she was placed on half diet. Up to the 1st of October there was an appearance of amendment; the baths were now prolonged for an hour, full diet was allowed, and the quantity of wine doubled. Under the influence of this treatment, the nervous symptoms completely disappeared, and the girl left the hospital on the 15th of October completely cured.

We omitted to mention that the father of this child had been affected with violent chorea near the age of puberty; her mother was never subject to any nervous disorder, and presents all the appearance of perfect health.

PLEURO-PNEUMONIA ON THE RIGHT SIDE, COMPLICATED WITH PERICARDITIS.

Isidore Loiseau, six years of age, of good constitution, had been convalescent of some cutaneous eruption with which he was affected, for several months, when he commenced to cough; to complain of pains on the loins; to exhibit symptoms of fever and dyspnœa; these symptoms persisted, and augmented during eight days, when the patient was transported to the hospital with the following symptoms:—Face slightly yellow, expressing much anxiety; dilatation of the nostrils at each inspiration; cough dry and frequent; no expectoration; respiration deep, costal, seventy-two in the minute; percussion gives a dull sound along the whole of the right side posteriorly and laterally; souffle tubaire, and bronchophony in the two superior thirds; on the left side the sound is clear, and on auscultating we hear nothing but some mucous and subcrepitating râle; the skin is warm; the pulse small and feeble, 140; tongue broad and moist; abdomen painful to pressure; two to three liquid stools every twenty-four hours; during the night insomnia, disturbed cries, partial delirium. In the morning we find the intelligence clear, the senses of hearing and seeing intact; when asked where he suffers, the little patient says every where; when we ask him to point out where he suffers most, he places his hand on the back; the physician diagnosticates pleuro-pneumonia, in the second degree. *Infusion of Mallows two pots; Gum-draught, with White Oxide of Antimony, and two blisters to the legs.*

During the day the anxiety continued as before; some dyspnœa; some alteration of the countenance; the patient seems very sensible to the action of the blisters.

January 4. The face is pale; the lips are blue; decubitus since the commencement of the disease; dorsal respiration more accelerated, we count up to 80 inspirations in a minute. The pulse is too feeble and quick to be counted. The feeble state in which the little patient lies does not permit us to examine his chest; death supervened during the night.

Autopsy.—On examining the body, we find the three lobes of the right lung united together by false membranes, which are soft and easily torn. The surface of the inferior lobe is entirely covered by an albuminous exudation of a slightly yellow colour, in some points at least two lines thick, and uniting it to the pleura lining the diaphragm. The cavity of the pleura does not contain any liquid. The pulmonary tissue of the three lobes is completely impermeable to the air, is dense, and sinks rapidly in water; when pressed between the fingers it does not discharge any fluid. On the left side we do not observe anything more than a slight congestion of both lungs posteriorly; the anterior part is healthy, it presents a little interlobular emphysema. The bronchi are gorged with puriform mucosities, and the lining membrane is of a rosy colour; the bronchial glands are healthy; we do not observe in them any tubercular deposit.

On dividing the pericardium we find the heart enveloped with a pseudo-membranous exudation, reticulated, and of a yellowish-white colour; this is prolonged as far as the origin of the great vessels. The internal lining of the pericardium is covered with a similar exudation, though not reticulated, as in the heart. The tissue of the heart is soft and discoloured. In the interior we find some dark imperfectly coagulated clots; the large vessels are free from disease. Neither the brain nor the organs contained in the abdominal cavity present anything worthy of notice.

This child was brought to the hospital in an advanced stage of the disease, and the symptoms which he presented did not leave any doubt of the existence of pulmonary disease. Auscultation and percussion of the thorax clearly indicated its seat, its nature, and its degree, and even determined its precise extent. The inflammation of the pulmonary parenchyma having appeared to account satisfactorily for the dyspnœa and other accidents, our examination was not carried further than was necessary to determine the lesion of the lung. The precordial region was not submitted to percussion or auscultation, and hence the existence of inflammation of the pericardium was completely overlooked, and not suspected before the examination of the body after death. We are not to conclude from this that pericarditis is a latent malady in children, for in several cases, where the disease existed

free from complication, it has presented the same characteristic signs as in the adult, and was recognised during life.

LARYNGITIS, BRONCHITIS, LOBULAR PNEUMONIA.

Joseph Danian, seven years of age, of good constitution, had suffered under a very irregular rubeola for five days, when he was brought to the hospital on the 16th of October, 1835. Being examined at the visit of the following day, he presented the following symptoms:—Face purple-coloured; respiration extremely embarrassed, 54 in the minute; decubitus, variable sometimes on the right side, sometimes on the left; cough moist, but no expectoration; voice nearly gone; râle crepitant on both sides of the chest; sonority normal; no bronchial respiration, or local pain; tongue covered with a whitish fur; lips dry and cracked; great thirst; belly free from pain; no stool; the intelligence is not disturbed; the child answers clearly when addressed; there is still some trace of the eruption on the limbs; the pulse is small and accelerated, 130. The diagnosis given is, "laryngitis, bronchitis, with congestion of both lungs." *Ipecacuanha* gr. xii; *Antim. Tartar.* gr. 1. *One blister to each leg; Infusion of Mallows for drink.*

18. During the day of the 17th the child vomited twice, and passed five stools containing two lumbrici. The evacuations gave rise to but little benefit. Asphyxia is now imminent; the colour of the face is extremely blue; the pulse 150, respiration 56. The cough and alteration of the voice the same as before; no expectoration. The stethoscope furnishes the signs already noticed. When we place the ear on the little patient's chest we distinguish a very well-marked râle crepitant. *Gum Infusion, with Tartar Antim.* gr. vi, and *Syrup Papaver.* ʒi. No vomiting produced; during the day two or three involuntary stools. Died in the night.

Autopsy.—On opening the body twenty-eight hours after death, we observe a violet tint of the integuments covering the posterior surface of the body, and of all the upper part of the thighs. No cadaveric rigidity; the arachnoid is moist and in a normal state; the subarachnoid cellular tissue is infiltrated with a small quantity of serum; the glands of Pacchioni are very numerous, and the veins on the surface of the brain gorged with blood, the cortical substance of the hemispheres is much injected, and when the white substance is divided it presents numerous bleeding points. The consistence of the cerebral pulp is normal. The whole of the mucous membrane lining the air-tubes is red and thickened, from the epiglottis to the minute bronchial ramifications; the latter are filled with a viscid and bloody mucosity. We do not observe any trace o effusion or false membrane in the pleura. The lungs are soft and crepitant; their tissue rosy; their surface is marked here and there by some purplish spots, which are much disseminated posteriorly, while in front they are more close. On pressing the pulmonary substance between the fingers, we feel some small nodules, varying in volume from the size of a pea to that of a nut. On dividing the substance of the lung itself, we find the greater part of its tissue healthy, and that the nodules alluded to are so many points of hepatized tissue: they exist in both lungs; there is no very remarkable congestion; no tubercles; the heart and its membranes are in a normal state; abdominal organs healthy.

The pneumonia in this case, instead of attacking one or more lobes of the lung, as in the preceding observation, was disseminated, and constituted what in France is called "lobular pneumonia." The affection presents certain negative characters, which the physician should always bear in mind. Thus, although the pulse and the respiration were excessively rapid (150 and 56), the chest gave a perfectly clear sound on percussion, and we did not observe anything approaching to the souffle bronchique. The presence or absence of broncophony could not be determined, as the patient was unable to speak.

Lobular pneumonia is a frequent disease in children below six years of age. We are not aware that it has been described by any of our English writers on the diseases of children, and it is only within the last few years that its anatomical characters and symptoms have been determined by careful observation at the *Hopital des Enfans Malades.* We shall recur to this affection again, and when we shall have published a certain number of cases, we propose to give a general description of lobular pneumonia.

P. H. Green.

ATTENDANCE ON THE SICK POOR.

To the Editor of The Lancet.

Sir: I have paid much attention to the various plans suggested for giving efficient attendance upon the poor, under the new Poor-law system, but find none of those plans sufficiently simple, or unattended by some great objection.

One great objection to the division of the Unions into districts, which may be taken by *a particular surgeon*, is, that the surgeon is frequently deprived of a parish, or pa-

rishes, which he has been in the habit of attending; and which, from their proximity to his residence, have, in some degree, remunerated him for his trouble; and he is obliged, if he take a district at all, to attend parishes at such a distance from his abode, as renders his contract altogether unprofitable, and very injurious to the poor themselves, who have so far to send both for advice and medicine. Local dispensaries I consider altogether useless.

From my experience of the simple working of the self-supporting institution in this town, I am satisfied that the nearer any plan can be brought to the one adopted in that institution, the better it will pay the practitioner, and the more satisfaction it will give to the poor.

Let the Unions be composed of parishes, as conveniently situated as possible for the medical practitioners. Let the number of paupers in every Union, who have, on an average of years, required medical attendance at the parish expense, be ascertained; and, according to their number, let a sum be fixed which may be considered a fair remuneration for the yearly medical attendance upon all the paupers of such Union.

Instead of giving a certain number of parishes to any particular surgeon, let every pauper, when taken ill, apply to the overseer, or the relieving officer, whose duty will merely consist in giving a certificate to such applicant, "that he is a pauper of such a parish." The pauper will then be at liberty to take, or send, this certificate to any surgeon whom he may prefer (who may have agreed to attend the poor of his Union), and he will, generally, to spare himself trouble, apply to the nearest resident.

Let every surgeon preserve these certificates, and at the end of the year (or half-year) let him be paid his proportion of the sum fixed for the whole Union, according to the number of certificates so held, without any reference to the nature of the cases he may have had under his care. This plan, taking trifling cases and severe ones together, will be found a very fair one, and the overseer, or relieving officer, will no longer be called upon to judge whether any applicant may be a fit subject or not for *the doctor*.

The sum fixed upon for the Union must, in some degree, be regulated by the distance from the medical practitioners, as well as the denseness of the population. In a town of considerable size, the poor can be taken at a much lower rate than in country districts, where the surgeon may have to travel many miles to see his patients. I remain, Sir, your very obedient servant,

JOHN TWEEDALE, M.D.,
President of the Board of Management of the Lynn Self-Supporting Institution.

Lynn, Norfolk, March 8, 1836.

ILLUSTRATION OF THE NECESSITY FOR REGULATING

MEDICAL ATTENDANCE ON THE SICK POOR,

ON JUST PRINCIPLES.

To the Editor of THE LANCET.

SIR: I have perused with considerable interest the letters of your intelligent correspondents, "Ruricola" and Mr. Yeatman, on parochial medical contracts, and beg to offer a few observations on the mode of appointing medical officers.

It is proposed by "RURICOLA" that medical men be appointed by the rate-payers; and by Mr. Yeatman, that they be elected in rotation.

With regard to the first proposition, I think it would be adopted with advantage in large towns, where the rate-payers are more independent than in villages, but in the latter places it would only favour monopoly. In villages there is generally one individual who takes upon himself the office of parish ruler, and the rate-payers (many of whom are tradesmen, and derive their support from him and two or three other farmers) are obliged to vote (if they vote at all) for the nominee of this *great* man. Favouritism and jobbing must, necessarily, be the effect of such a state of things. Under the new system, viz., the election of surgeon by the guardians, monopoly exercises its baneful influence; and I think I can furnish a strong case, proving how necessary is the adoption of Mr. Yeatman's proposition, viz., that medical men should be appointed in rotation. I am living in Broughton, a large village containing nearly 1000 inhabitants (situate only three miles from the far-famed borough of Stockbridge), and it has been for many years the residence of two surgeons. It was customary with my predecessors, and the gentleman who is now living here, to attend the poor of the parish alternately, which arrangement afforded satisfaction to all parties. On my commencing practice, I of course applied to be appointed in *my* turn to the office of parochial surgeon, but I was told that the arrangement above mentioned would not be acceded to,—that the gentleman who was in attendance would so continue. For this unjust proceeding I could gain no satisfactory reason or explanation, but I at length was informed that *the influential man* had placed his son with, or was about to apprentice him to, the favoured medical man. Now, Sir, I was no stranger to the poor; I had served my apprenticeship in the village, and, as is the case with most pupils, it fell to my lot to mix with them, and, in administering to their necessities, I studied their feelings; and I am proud to

say, that though they were paupers, I succeeded in gaining their good will and esteem. The medical man in this case, was appointed to afford practice for the young aspirant to medical honours.

Here, then, is an instance of favouritism and monopoly, in addition to the many hundred proofs which you have advanced in support of the assertion, that the benefit of the poor is often made subservient to private interests. And now for the Board of Guardians.

The Poor-law Amendment Act came into operation here last year; guardians were chosen, and, among the rest was chosen the great man,—the "*ruling* passion" being strong. The election terminated on Saturday evening; the Board of Guardians met on the following morning at ten o'clock. Mr. "Ruler" was nominated Vice, and that gentleman, at the earliest moment practicable, rose and proposed that his favourite medical man (be it remembered, his son's master) should be appointed to the district. No opposition being offered the motion was carried. Here was a deeply-concerted scheme; no one but those who were interested had the most remote idea that the medical contract would be entered into at the first meeting; consequently, there was no time to arrange or to propose a plan to "ensure a tolerably minute division of medical labour." Hence, seven parishes are under the care of one medical man, whilst I, who live in the centre of them, am excluded from deriving any advantage from attending the poor, either in the way of experience and improvement, or in a pecuniary point of view. I have entered into these details, in order to show the injustice which arises out of the present system, and the necessity of adopting the plan suggested by Mr. Yeatman, as the only one likely to destroy favouritism, jobbing, and monopoly, the existence of which must always prove injurious to the pauper patient.

There are some other points connected with the administration of the new law, which I shall take the liberty to state to you at some future opportunity. In the mean time you will, perhaps, find a corner in your independent journal for the above. I am, Sir, yours respectfully,

L. Owen Fox.

Broughton, Stockbridge, Hants,
March 8, 1836.

LAW RELATING TO ATTENDANCE ON

CORONERS' INQUESTS.

The following letter has been addressed to us by a medical gentleman of Chudleigh:—

Bovey Tracey, Chudleigh, Devon,
March 6, 1836.

Sir: Having read the debate on the bill to provide for the payment of medical witnesses at Coroners' inquests, brought in by you, I could not refrain from transcribing the case submitted by my deceased partner and myself to the Associated Apothecaries, as Mr. Jervis and the late recorder take a different view of the law. (See *Answer* 3rd.) So do you respecting the compulsion to attend a Coroner's summons. (See *Answer* 1st.) After the receipt of this opinion we communicated it to our medical brethren and the neighbouring Coroners; and we suggested to the Coroners that they should *require the parish officers to provide a medical man for the inquest, which has been acted on, and by which we have had our fees.*—of course, making our agreement with the parish officers previously to giving our attendance. To ensure the future method of remuneration, I would suggest that it be paid by the relieving officer of the Poor-law Union, by order from the Coroner, *i. e.*, in cases of paupers. In the cases of respectable people there should be some power given to the Coroner,—what, or by what mode, I cannot suggest.

There is another point to be considered, the certificate given by the Coroner for burial. I consider that, in future, if the Bill for the relief of the Dissenters should pass, the certificate for burial should be addressed to the Registrar of Births, Deaths, and Marriages, who could send it to the officiating minister of the sect to which the deceased belonged, or to the clergyman of the parish. If there should be any inquiries required by you to be made relating to this Bill in these parts, I should be happy to lend my assistance. I remain, Sir, yours respectfully,

J. G. Croker.

To Thos. Wakley, Esq., M.P.

General Committee held at the *Crown-and-Anchor* Inn, June 5, 1820, Jas. Parkinson, Esq. in the Chair.

Resolved, — That the opinion of the Common Sergeant Knowlys be obtained on the general question of the law, with respect to the remuneration of medical men when called upon professionally to investigate judicial cases before a Coroner.

Resolved,—That Edmond Bacot, Esq. be requested to draw up a case, grounded upon the foregoing resolution, and lay it before the Common Sergeant, and that the Secretary be desired to wait upon him, with Messrs. Croker and Langley's letter for the purpose.

"*Case.*—On the 20th of January, 1820, Messrs. Croker and Langley, of Bovey Tracey, Chudleigh, Devon, were summoned by the Coroner of the county to examine the body of a pauper, and to give evidence

before him as to the cause of the death of the party. And on the 9th of February, 1820, they were again summoned by the Coroner to attend for a similar purpose.

"On both these occasions the Coroner gave them a certificate of their attendance, with an order to the churchwardens and overseers of the parish to which the pauper belonged, to pay the fee which has been usual on such occasions, of one guinea for each inquest, but the parish officers have refused payment of the fee. The Coroner says, that it is always usual and customary for the parish to pay these fees in case of paupers, but he has no authority to enforce the payment. Under these circumstances your opinion is requested,—

"*First.* Whether a medical man (not being apothecary or surgeon to the parish to which a deceased pauper belongs) is compelled to attend the Coroner on his summons; and to examine the body of any deceased person, either a pauper or otherwise, and to give evidence as to the cause of the death of such person?

"*Second.* If a medical man is compelled to attend on the Coroner's summons, is he entitled to charge for his trouble and loss of time, and who is liable to pay such charge?

"*Third.* Has the Coroner power to give an order to the churchwardens and overseers to pay a fee to a medical man for attending an inquest upon the body of a pauper of this parish, in consequence of the coroner's summons, and for examining the body of such pauper; and if so, by what means can such order be enforced?

"*Fourth.* Is there any and what difference in the rights of a medical man who is surgeon to the parish to which the pauper belongs?

"*Fifth.* What measures would you advise the parties to pursue, under the circumstances above stated?"

ANSWER.

"1st. I am of opinion that *every man*, medical or not medical, is compellable to obey the Coroner's summons in his legitimate inquiry respecting the death of a subject.

"2nd. By the common law of the land nobody had the power to demand any remuneration for his trouble or expense in attending to give evidence in any *criminal* case. The 25th Geo. 2 partly gave the court power to order the expenses of the prosecution; that power was enlarged by 27 Geo. 2, and finally extended still further by 18th Geo. 3. In this case a medical man has no power to make a charge for his trouble and loss of time, nor is anybody liable to pay such charge.

"3rd. The Coroner has no legal authority to make any order upon the churchwardens and overseers of the parish to remunerate the medical gentleman who attends and gives evidence according to the Coroner's summons. It has been usual for the Coroner, I believe, to make out an order, and for the parish officers to act upon it, but it is certainly not binding upon them, though it would be disgraceful and indecent to withhold from the medical attendant a fair and reasonable fee upon so important an occasion.

"4th. I consider this query answered by what I have said on the second query.

"5th. There are no legal compulsory means of obtaining payment. The only way I could suggest, to obtain payment, would be by stating the case to a vestry meeting, and putting the matter to their sense of honour and humanity.

"NEWMAN KNOWLYS.

"Lincoln's Inn-fields,
June 10, 1820."

*** Our opinion perfectly coincides with that of the late Mr. KNOWLYS. What we stated in reply to Mr. JERVIS in the House of Commons, was this.—That the coroner had the power to compel the attendance of a medical witness, but that he had no power to make the witness institute a post-mortem examination, or to enforce payment against the churchwardens or overseers, or any other persons, for the performance of that duty when it was executed.

MEDICAL WITNESSES BILL.

A PETITION, of which the following is a copy, was presented to the House by Lord Henniker, a few days ago. In attaching signatures to the petition, the feeling as to the justice of the claim appeared to be equally strong with all the gentlemen who signed it. Indeed, Mr. Denham, to whose praiseworthy industry it is due, informs us that it seemed only to be required that some one person should act first in the matter, to induce them unanimously to lend their aid.

To the Honourable THE COMMONS *of the United Kingdom of Great Britain and Ireland, in Parliament assembled.*

The Petition of the undersigned practitioners of medicine and surgery, resident in the stated towns and villages in the county of Suffolk, humbly showeth,

That your petitioners are fully convinced that in a great majority of cases of sudden and violent death, it is utterly impossible for a coroner's jury to arrive at a right conclusion as to the cause of that death, without the testimony of a medical witness, founded on a *post-mortem* examination of the body.

That considerable danger to the life of the surgeon not unfrequently attends the making such post-mortem examination, which requires great skill and anatomical and pathological knowledge, not to be acquired without considerable study and expense, and often not without risk of life, to render it efficient for the purposes of evidence.

That your petitioners are liable to imprisonment if they neglect to obey the summons of the Coroner to give evidence at the inquest; and that, in many instances, several hours are occupied by the Coroner in prosecuting the inquiry, during which the surgeon is often obliged to wait, at very great inconvenience to himself.

That the Coroner possesses no authority to order remuneration to be given to medical witnesses for the heavy sacrifices which they are thus obliged to make.

Your petitioners, therefore, humbly solicit your honourable House to take this their petition into your earnest consideration; and to award them such fair remuneration for their services as shall seem to your honourable House to be sufficient and just.

And your petitioners, as in duty bound, will ever pray, &c.:—

Wm. Hempson Denham, Wickham Market.
William Muriel, Wickham Market.
Samuel Gissing, Woodbridge.
Nathaniel Moore, Woodbridge.
George D. Lynn, M.D., Woodbridge.
William Mumford, Ipswich.
A. Wood Baird, M.D., Ipswich.
Alexander Henry Bartlet, Ipswich.
Alexander Bartlet, Ipswich.
John King, Ipswich.
Edward Beck, M.D., Cantab., Ipswich.
J. O. Francis, Ipswich.
C. C. Hammond, Ipswich.
John Pitcher, Ipswich.
Robert Atthill, Ipswich.
Alfred Prentice, M.D., Ipswich.
George Green Sampson, Ipswich.
John Barker, Ipswich.
W. B Sanderson, Ipswich.
George K. Cowell, Ipswich.
Samuel Armstrong, Melton.
Robert Freeman, Saxmundham.
R. C. King, Saxmundham.
Henry L. Freeman, Saxmundham.

FREE HOSPITAL,

GREVILLE-STREET, HATTON-GARDEN.

THE ninth annual meeting of Governors was held at the *Gray's Inn Coffee House*, on the 23rd of February, and again, by adjournment, on the 1st of March. About 300 attended the first meeting, and 200 at the second. At the preceding quarterly general meeting, notices of motions were given for the removal of Mr. Hentsch the resident apothecary, and Mr. A. Tweedie one of the surgeons, because those gentlemen had in April last given written testimonials in favour of a quack nostrum for the professed cure of gonorrhœa, which had been freely advertised with their names, that of the former being dated from the "Free Hospital." The proposers of the proposition for the removal of Mr. Hentsch and Mr. Tweedie, urged in their notices of motion that "one of the principal objects in instituting the hospital, was to lessen, and if possible to annihilate, the mischievous consequences resulting from diseased persons being deluded by advertising quacks," and that the advertising of the testimonials had materially injured the reputation of the institution. Against Mr. Tweedie they also complained that he had also "without consulting with his medical brethren, administered to the hospital patients under his care, the nostrum."

After the yearly report had been read,

Mr. MARSDEN spoke to the following effect:—He regretted seriously the occasion of so large an attendance of the subscribers, but one of the chief objects of the charity had been violated, and he felt it his duty to call attention to the fact, declaring that he was actuated by no private or personal motive in the step. Since the publication of the "testimonials," several subscribers had seceded from the charity, believing that the officers were encouraging quackery, and a representation of the fact was made to Mr. Hentsch and Mr. Tweedie, and a sort of promise obtained from them that the cause of complaint should be removed, but without realization. Therefore he (Mr. M.) felt compelled either to retire from the institution altogether, or take the opinion of the governors as to the propriety of removing the testimonialists, and thus sever the name of the hospital from the objectionable advertisements. If he (Mr. M.) had erred in this course, the meeting would fearlessly say so, and censure his conduct. Mr. M. then proposed a resolution for the removal of Mr. Hentsch, which was seconded by Mr. WATSON.

Mr. HENTSCH rose, and read his reply. When he gave the testimonial, he did not know that it would be published. The medicine was not a nostrum, but a new form of an old and well-known drug. He had requested the withdrawal of his testimonial, but the advertiser of the medicine refused to withhold it. He (Mr. H.) believed that personal motives alone induced this proceeding against him. He had faithfully discharged his duty, and now demanded justice at the hands of the meeting.

Mr. MARSDEN said, that if it were not a nostrum, and Mr. Hentsch would make known the composition, he (Mr. M.) would at once withdraw the resolution.

Mr. JOHN STEVENS moved a similar resolution respecting Mr. Tweedie, and it was

seconded by Mr. ALEX. GALLOWAY. Both gentlemen spoke strongly against the promulgation of quack medicines, and lamented that Mr. Tweedie had aided the purpose of a quack on the present occasion, especially as the professional talents and character of Mr. Tweedie were of a high quality, on which account he (Mr. G.) exerted his influence to procure for him the office he held in this institution. However painful, therefore, the circumstances were to him (Mr. G.), he did not hesitate to second the resolution.

Mr. TWEEDIE, with much eloquence, defended his position as surgeon, on grounds similar to those urged by Mr. Hentsch, and read a copy of a letter which he had addressed to the Council of the College of Surgeons, in answer to which, the secretary of the College had replied, that the Council "could not believe that the governors of any public institution would remove any medical officer for having tried a new method of administering an old and well-known medicine."

A GOVERNOR observed, that it was not for *that*, but for having *used* and recommended a secret nostrum, that these proceedings were instituted against Mr. Tweedie.

Mr. TWEEDIE concluded by stating that he would not be alarmed into the act of resigning, either by observing the number of governors present, or by a knowledge of their opinions. The merit, or the demerit of his dismissal, must rest on their own shoulders.

Mr. BRANSBY COOPER, a newly-made governor, said, that he had himself used the medicine, and after applications from the proprietor on five successive days, he had given him his opinion in writing, rather than be troubled again on the subject, but had he known that the certificate would have been published, he would have lost his right hand sooner than give it. It was, however, not a nostrum, but a preparation, which, if he were to explain, would not be understood by any one present. (*Cries of* "explain," "explain.") He declined explaining. Was he, or his friend Mr. Green, or Mr. Tweedie, to be publicly called to account by Mr. Marsden? Who was Mr. Marsden? He had never heard even his name until recently, and he believed that if there was any quackery at all in the business, it emanated from the party who had brought the matter forward. He (Mr. C.) had the honour of holding one of the first appointments in one of the first institutions in this kingdom, and he (*snapping his fingers*) cared neither for this charity, nor for the opinion of its governors, and sooner than submit to such treatment, by ———. (Here the meeting were so opposed to the impetuosity and the expressions of the speaker, that he was obliged to resume his seat, and general hissing followed his final retirement.

Mr. H. WAITHMAN defended the conduct of Messrs. Hentsch and Tweedie, and moved an amendment upon the motion against Mr. Hentsch.

Alderman HARMER said, that as the "testimonials" continued to be published, it would be impossible for the writers to be allowed to retain their offices in the institution, without upholding connivance at a disgraceful system of quackery in physic. He eulogized the professional character of Mr. Tweedie, and should be ready to help that gentleman to any other appointment. He was satisfied that no personal pique occasioned the introduction of these motions.

Dr. UWINS (a physician to the institution) defended the testimonialists, and stated that he had that very morning recommended the secret medicine to one of his near relatives. He would resign if Mr. Tweedie were removed.

Dr. RYAN (also one of the physicians) and Mr. LUCAS both defended the conduct of Mr. Tweedie, and concluded by stating, that they would resign if the resolution against Mr. Tweedie was carried.

Mr. GREVILLE JONES, another of the medical officers, paid very earnest compliments to the integrity and talents of Mr. Tweedie; but he declared against the quack testimonial system, whether the medicine were good or bad; for the public were not competent judges of diseases and their modifications. There was extreme imprudence in Mr. Tweedie's allowing the possibility of his name being connected with such a system, and the imprudence on the part of the surgeons of *St. Thomas's* and *Guy's Hospitals* was still less excusable. Whichever way the question terminated, the discussion would teach many eminent men not to let their good-nature or personal attachments betray them into supporting a system of plunder, frequently fatal to human life, and always injurious to their professional brethren.

After several other speeches *pro* and *con*, the meeting divided. On the motion against Mr. Hentsch, the show of hands was,—For the motion, 200 and odd. Against it 64.

On the motion (on the second day of meeting) against Mr. Tweedie, the show of hands was declared to be 5 to 1 for the motion.

The usual business of the annual meeting was then gone through, and the meeting dissolved.

In consequence of the days of meeting of the *Medico-Botanical Society* coinciding with those of the *Medico-Chirurgical*, it has been determined by the Committee to alter the evenings of the Botanical Society's meetings from Tuesdays to the second and fourth Wednesdays of the month.

MEDICO-CHIRURGICAL SOCIETY.

ATROPHY OF THE VALVES OF THE HEART.

The following is an abstract of a paper, read at the above Society, on the 23rd of Feb. and the 8th of March, entitled, "Remarks on Two Forms of Atrophy of the Heart's Valves, which interfere with their Function; founded on Cases, by Dr. P. N. KINGSTON, Physician to the St. George's and St. James's Dispensary:"—

The first of these lesions, which, says the author, has hitherto been altogether overlooked by pathologists, has been observed by Dr. Kingston in numerous cases, in eight of which it had proceeded to a considerable extent. It was defined, "A simple shortening of the heart's mitral or tricuspid valve, without any diminution of its natural thinness, pliancy, and transparency, the orifice to which it belongs having at least the ordinary caliber."

The second of these lesions (to which the aortic and the pulmonary, as well as the auriculo-ventricular valves are liable) is nearly allied to the preceding in its nature and effects:—"When so altered, the continuity of the valves is interrupted by apertures, sometimes of a large size, and sometimes so numerous as to reduce the structure to a mere network, while the remainder of the valve is in a state of attenuation, which is here and there often extreme, especially towards the edges of the apertures." In five of the cases, a considerable portion of the valve had been thus affected. The only preceding writer who has at all noticed this appearance, is Laennec, who has merely glanced at it. These lesions are not very rare, but they are very liable to be passed unnoticed, unless the attention has once been directed to them.

A valve which has become shortened or cribriform, is, of course, incompetent to close completely the orifice to which it belongs, and hence permits that regurgitation which it was placed to prevent. From this disablement of the valve arises a strong tendency to dilatation or hypertrophy of those parts of the heart which are posterior to the valve affected, to palpitation, to venous congestions, to anasarca, and to effusion into the serous cavities, and, where the mitral valve is defective, to dyspnœa and cough, also to pulmonary congestion and inflammation, and to some of those symptoms which are apt to arise from a deficient and irregular supply of arterial blood to the head, and the remote parts of the body. A morbid "bruit" may, in some cases at least, be perceived with the stethoscope. Where the tricuspid valve is affected, there is distention, and sometimes pulsation, of the external jugular veins. Where the mitral valve is affected, the pulse is small and weak in comparison with the heart's impulse, and it is apt to be irregular and unequal.

By a reference to these symptoms, and to the circumstances out of which the complaint arose, it may generally be ascertained whether or not there is valvular disease. The discrimination of these from the other valvular diseases is a point of great nicety, on which the author stated that he was not as yet fully prepared to speak.

These defects may now and then be congenital, but in all the present instances they had evidently been produced, long subsequently to birth, by those species of absorption which are unattended with suppuration, a conclusion which coincides with Meckel's opinion respecting similar defects of the valves of the veins. From the histories of the cases, and from numerous analogies, Dr. Kingston infers that their most frequent causes were either, 1st, debility of the valve's nutritive powers, combined with undue force of the blood's impulse (from hypertrophy of the ventricle, over-exertion, &c.); or, 2ndly, so great a degree of local debility (often consequent on gouty or rheumatic action), as to render the valve liable to be absorbed under the pressure to which it is naturally subjected.

The author concluded by pointing out the errors which may have arisen from an oversight of these lesions at post-mortem examinations,—the practical advantage of detecting them during life (even so far as to perceive that there is some valvular defect obstructing the circulation),—the means by which the frequency and extent of the lesions may be diminished,—and the circumstances under which it may be hoped, either that the valvular structure may be restored to its original dimensions, or that the corresponding orifice and cavities may gradually diminish in caliber, so as to become adapted to the altered size of the valve.

THE LANCET.

London, Saturday, March 12, 1836.

ACTIVE exertion under oppression and the infliction of injury, becomes the duty of intelligent men. We expected that the medical practitioners of this empire, when they found that there was a chance of obtaining from the Legislature a protection against the annoyances to which they have been subjected at Coroners' inquests, would come

forward and energetically support the efforts, however humble, of those members who should advocate their cause in the House of Commons. The events of the last fortnight have proved that we did not make a wrong estimate on this subject. The petitions from medical practitioners continue to be presented to the House daily, all praying that medical witnesses at coroners' inquests, may receive some compensation for such services as those which they have hitherto almost invariably been required to bestow gratuitously, in aid of the maintenance of the cause of public justice in this country. After the MEDICAL WITNESSES BILL has left the Commons, we will furnish our readers with the names of the places whence petitions may reach or have reached Parliament, when a statement will be exhibited which will prove to the members of the profession resident in this metropolis, how ably and faithfully the surgeons of England and Wales can discharge their duties to the interests of that profession which has the good fortune to claim them as its members.

There are a few stupid and narrow-minded writers, we perceive, who insist that the MEDICAL WITNESSES BILL refers merely to a medical question, and they discuss with characteristic sagacity, what they are pleased to denominate "its merits." In rendering this important service to the public, it is satisfactory to observe that their efforts in the way of reasoning are admirably proportioned to their ignorance of the subject under investigation. Why do not the conjurors ask themselves this question—"Of "what use is the Coroner's inquest, on really "important occasions, in the absence of "competent medical witnesses?" If they had sense enough to answer this simple question, the effusions of their brains might terminate. It ought never to be forgotten, that as the Coroner's court is now conducted, the chief officer and his jurymen are as likely as not to become the tools of quacks and charlatans. In cases of death from *malapraxis*, from mineral poison, from "Morison's Pills," from dexterously-administered vegetable poison, where are the aids of justice if they cannot be discovered in the experience of the pathologist, and the researches of the chemist? Better, at once, as we have frequently stated, abolish the Coroner's court altogether, than continue to withhold from medical men a just reward for the services which they execute in that court, and to allow non-medical functionaries to preside over its proceedings. At many of the inquests which have lately been held, the powers of this institution, when they are properly exercised, must have forcibly attracted public attention, and have illustrated what has so often been stated in the pages of this Journal, with reference to the shield which, under many trying circumstances, it presents to the community. The Bill, therefore, which is now before Parliament, is only one step towards improvement in this important branch of our judicature, but it must, necessarily, lead to many others of a satisfactory character.

It is alleged, we find, by Mr. CRIPPS, and other gentlemen who consider that medical witnesses ought not to be paid for their attendance at coroners' inquisitions, that the proposed Bill introduces a distinction, with reference to one class of persons, which may with propriety be claimed by the members of all other trades and professions. What folly! Take the medical practitioner in his character as an ordinary member of society, or as a casual observer of the circumstances which produced death, and he is content to stand in the court upon an equality with every other individual who is similarly circumstanced. But what is the fact? In not one case out of a hundred is he summoned as a private individual,—as a casual spectator,—but as a member of a learned and most useful profession; and in his professional character, therefore, is he called upon to act for the edification of the coroner and his jury. This distinction is so

evident, so striking, so convincing, so unequivocal, as an indication of the peculiar duties which the professional witness has to execute, that all that remains on the subject, which admits of a patient notice or consideration, is comprised in an answer to the question,—What is an adequate remuneration for the labours which a medical witness is required to discharge? Although we cannot hope that an answer, which shall be *fully* satisfactory to this question, will be acted upon in the House of Commons, yet, from the manner in which the medical petitions are received in that House, and from the liberal spirit with which the motives for introducing the MEDICAL WITNESSES BILL was regarded on both sides of the House, it is hoped and expected that an award will be made somewhat approaching to the importance and the justice of the demand. In reality, the question which the Commons are now to determine is, whether the Coroner's Court shall henceforth be a useless institution, and a profitless drain on the county rates, or whether the public shall find that it is a source of protection against the merciless impositions of quacks and other criminals.

NEVER have quacks, quackish doctrines, and quack medicines, exercised a greater influence over the minds and bodies of the people of this country, than they exert at the present epoch. Are such evils to be patiently endured by the scientific members of a noble profession? Common sense, common honesty, and philosophic attainments, alike forbid so scandalous and disgraceful an imputation. The source of the existing evil is to be found in the odious, the exclusive conduct of our rotten and contemptible medical corporations. The College of Physicians, with an ample store of vain conceit and malignity, has done its best to be mischievous; but the members of that corporation having always been limited, its quackish exclusiveness has been signalized more for its absurdity, and the badness of its example, than for the amount of positive injury which it has inflicted upon the community. But the results of the conduct of the College of Surgeons, although that conduct has been somewhat similar, have outstripped all comparison with those of the establishment in Pall-Mll East. A precious game have these two institutions been playing during the last six-and-thirty years, and it is scarcely surprising to observe that the murderous quacks are sought after by the community, to the exclusion and rejection, in case of need, of licensed practitioners in medicine. The College of Physicians commenced their career by passing a law of exclusion against surgeons. Practitioners of surgery were not deemed worthy of admission into their body. The College of Surgeons, admiring this prudent and general system of exclusion, went a step farther, and a Council, consisting of the self-elected pures of our hospitals, resolved that no surgeon in general practice, that is, that no general practitioner, should be admitted to a seat in the Council. Thus the public were told by the two English Colleges, which had been appointed by royal charter to protect the interests of the profession, and, above all, the health of the community, that surgeons who were engaged in executing the duties of medical practice in all the departments of the profession, were not deemed by the heads of their own colleges qualified to be received on equal terms with themselves, into those national establishments. The Colleges, in short, were industriously employed in *disgracing* the great majority of the profession, and THE RESULTS are now before us. Quackery is rampant, and the poison of quack medicines is spreading desolation around, with a virulence and a fatality not exceeded, probably, by that of the plague or the cholera. We are not to draw our inferences of its effects from two or three, or even from fifty inquests; no, nor even from a thousand, though as many were to be held

in a single year. We are to look, rather, to the fatal consequences which must and do inevitably happen *from placing a reliance on the powers of a supposed curative agent in* ALL *diseases*. We ask,—In thousands of instances where the results are fatal, will the relatives and friends—the secret abettors of quackery—at once, by acknowledging their delusion and folly, *make a confession of their guilt?* Nothing can be more absurd than to entertain such a belief. The unfounded, the monstrous reliance which is placed by an uninformed public on the powers of quack medicines, must, from the natural course of things, be followed by the most frightful catastrophes, and it is equally true that the confessions of error will be of small amount. It is not easy to obtain an acknowledgment of the imperfect operations of the judgment, because pride is ever interposing to shield the mind from self-exposure. Every experienced quack is well versed in these weaknesses of our nature, and shapes his course and frames his stratagems accordingly. The ignorance of the community is the soil which they cultivate, and the press is the machine which is set in motion for securing to them a full harvest for their labours.

What, then, is to be done to counteract the operations of these infamous marauders? The indications are simple and striking. The might of the press must be turned against its mercenary abusers, and the ignorance of the people on medical subjects, must be made to give place to rational views of the science, before a hope can be entertained that the existing pestilence will experience shock or check in its reckless career. Without the aid of *the press*, quacks would be as powerless as other impostors, and even *with* the use of that engine, were it not for the undiscriminating ignorance of the public, it could not be rendered available to their nefarious purposes.

Fearing, therefore, that the Government will take no *immediate* steps for exterminating quack medicines, and sending their inventors and proprietors to the hulks, we call upon the members of the medical profession in England to take the matter seriously, and at once, into THEIR OWN HANDS. They should instantly institute,—by a general subscription, and a combination among themselves,—an

ANTI-MEDICAL QUACKERY SOCIETY,

having its Central Board, with an efficient paid secretary, constantly sitting in the metropolis, composed of the legally-qualified members of the profession, without distinction. Its connections would necessarily be ramified throughout the entire kingdom, and the whole powers and energies of the society, thus organized, should be concentrated on two objects, one *present*, the other *remote*. The *first*, that of apprizing the public in every town and village of the empire, through the medium of anti-quackery tracts, to be supplied from the Central Board, of the murderous results of taking quack medicines; and, *remotely*, to obtain, by a well-organized process of petitions, the total suppression of the sale of stamped, patent, and secret medicines, through an act of intervention of the Legislature.

The expense of carrying this scheme into execution would require only a very small contribution from each legally-qualified medical practitioner, and the advantages to be obtained by its operation would, we are convinced, be almost concomitant with the first hour of its institution. At any rate, it is a subject which we believe will be found, on reflection, to merit the deliberate attention of the profession.

Having thus put forth the suggestion, we shall, in the next LANCET, take a more extensive view of the question, and endeavour to illustrate what would be the advantages of the acts of a Society such as we have now proposed.

AT the Spring Assizes held at Winchester on Friday, March 4th, *Jane Metchear*, "an interesting girl," says the reporter of *The*

Times, "was indicted for the wilful murder of her new-born female child, at Southampton, on the 18th of September last.—Mr. Saunders conducted the case on the part of the prosecution; Mr. Missing for the prisoner." Several witnesses were examined for the prosecution, and, after a trial of seven hours, the jury returned a verdict of "Not guilty of the murder," but "guilty of the concealment," and she was sentenced to three months imprisonment. At the close of the report, the writer of the statement adds the following observations:—

"One thing is worthy of remark. The surgeon who was first called in, and who examined the person of the prisoner, and the child, afterwards presided as coroner at the inquest sitting on the body of the child, when the jury returned a verdict of 'wilful murder,' and he eventually gave evidence against her on the trial, having previously acted as judge in the case. Without, in the slightest degree, casting any imputation on this gentleman, we cannot but consider this as a state of things which ought not to exist, and it is a very strong argument against the appointment of medical coroners."

The "argument" which the writer,—a barrister, most probably,—suggests in this case, as showing the impropriety of appointing medical men to fill the office of coroner, is exactly such an one as we should expect to hear, not from an intelligent reasoner, but from a parchment-headed scribbler. Did it not occur to him that medical coroners might *not* be engaged in medical practice, and that it is in the power of the law to institute such a protection, if it be a wise one? But, as a lawyer, he ought to have known that the medical coroner in the case in question had no alternative. Having attended the prisoner in the course of his practice, how could he conjecture, before the result was known, that an inquest would be necessary? And when it was deemed necessary, for the ends of public justice, that an inquest should be held, then he was *obliged* to act as coroner, because it was not in his power to appoint a deputy. No imputation whatever, therefore, can be justly cast upon the coroner, for acting as he did at the inquest, and at the trial in question. That the law is loose, and most imperfect with regard to the office of coroner, generally, we willingly confess; but, before it is mended, it must find other correctors than the sapient critic of *The Times*.

CONIUM MACULATUM.—At the last meeting of the *Medico-Botanical Society*, Dr. Sigmond made some observations on the most eligible method of drying and preparing the leaves of *conium maculatum* for medicinal use. The leaves being in a high state of preservation, and entirely freed from their stalks, and as much as possible from external moisture, they should be laid in thin layers on willow baskets, stripped of the bark. They must be placed in a room from which all light is excluded, and then submitted for three or four hours to a heat of a little below 212° of temperature. Having been then turned, they should be exposed to the same heat for about eight hours. They are then crumbled by the hand, with great facility, into a fine powder. Dr. Sigmond showed a good specimen of the powder prepared in this way. Dr. S. considered that the autumnal season was the best for gathering the leaves.

IMPURE CASTOR OIL.—Dr. Sigmond also cautioned the profession against a fraud which had been extensively practised by a company who had invented a process, by which rancid and ineffective castor oil could be made apparently sweet and good. It is, however, perfectly useless, and possesses no purgative power. Great quantities have been disposed of, and he thought well that the system should be exposed.

MEDICAL WITNESSES' PETITIONS.

To the Editor of THE LANCET.

SIR: The members of the medical profession must be much gratified at the manner in which the announcement was received by the House, on Tuesday evening, the 1st instant, of your intention to introduce a Bill for granting remuneration to medical witnesses, for their attendance at coroners' inquests. The subject was introduced at the monthly meeting of the medical society of this city, on Friday evening last, and a committee was appointed for the purpose of drawing up petitions to both Houses of Parliament, which they have done, and they will probably be signed by all the medical men in the city and neighbourhood. Enclosed is a copy for publication in your widely circulated journal, should you consider that its appearance would excite others to follow our example. The favourable reception of the motion for leave to bring in the Bill, does not justify us, in my opinion, in relying upon the first success of the Bill, but it becomes the duty of every member of the profession instantly to embody his sentiments in a petition, and forward it to the only quarter for redress. I am, Sir, in haste, yours, &c.

G. KING.

3, New King-st., Bath, March 9, 1836.

*** In another part of this week's LANCET we have inserted a copy of the earliest petition received this week, and that we trust will serve the same purpose as would the insertion of the petition forwarded by Mr. King, and many others with the same important prayer, which we have within the last few days received from medical gentlemen in different parts of the kingdom.

LATE ADDRESS TO APOTHECARIES' HALL.

To the Editor of THE LANCET.

SIR: I was truly astonished to learn how chicken-hearted the students of the *London University* had become when they sent their address to the Hall. I thought they possessed more courage and more *knowledge* than to fear the Rhubarbians. How are the vaunted fallen! How have the students of my alma mater degenerated! In days gone by, no document would have been signed and forwarded to the Blackfriars establishment with any evidences of fear or want of favour. The students would have had more confidence in their abilities and acquirements, than to bow and pray for mercy before Ridout and Co.

I perceive in the list some names of 1832-men. M**rh**d, W*k***ld, and others, I blush for you. Among others I see J. D*r-*nc*. Are you afraid, too? "Tell it not in Gath." I am. Sir, yours,

AN OLD STUDENT IN THE PROVINCES.

March 7, 1836.

METROPOLITAN INFIRMARY FOR CHILDREN,

Broad street, Golden square.

MEASLES FOLLOWING CROUP.

GEORGE COOPER, aged 5, a remarkably fine and robust boy, was entered as a patient under Dr. TWEEDDALE, on Monday the 29th of February last. The little patient was labouring under the frequent, dry, hoarse cough which is peculiar to croup. His skin was hot and dry; the face flushed; the eyes suffused; the tongue white and furred; pulse 130, full; bowels costive; he complains of headache and lassitude. His mother states that on putting him to bed on Saturday evening she noticed that he had a hard dry cough; he was very feverish all day on Sunday, and in the evening she procured some medicine for him, which made him very sick. Five leeches were applied immediately to the throat, and three grains of calomel, and five of powdered scammony, were given every two hours until the bowels were well purged, and a tablespoonful of a mixture containing liquor antim. tart., and oxymel of squills, of each five drachms, and four ounces of saline mixture, were ordered every two hours.

Vespers.—The leeches have bled freely; the bowels have been well opened; he has vomited, several times, a quantity of thick mucus, with small portions of fibrine. Two grains of calomel and three of James's powder, were ordered to be given every four hours. The mixture to be continued. To be put into a warm-bath up to the hips.

March 1. Still feverish; pulse 110, and small; cough much relieved. The surface is covered with the eruption of measles. Three grains of calomel and six of scammony powder, ordered to be taken directly. The other medicine to be continued.

2nd. Fever much abated; bowels do not keep open without medicine; pulse 100, small; cough still troublesome, though there is not so much expectoration; the eruption is developed more fully; he is able to sit up in bed; a blister was applied to the chest, and a purgative was given night and morning. The powders and mixture discontinued. He continued to improve, and is now convalescent.

This is the second case, in the infirmary, of croup followed by measles, terminating favourably under the same plan of treatment. The first patient was a healthy boy, eight years of age, who was bled from the arm, and had leeches to the throat.

ST. BARTHOLOMEW'S HOSPITAL.

TUMOUR ON THE SCAPULA.—James Jackson was brought into the hospital with a large tumour, occupying the left scapular region, of about the size of two-thirds of a large melon. A tumour of about half that size had been removed, five months previous, from underneath the scapula, by Mr. EARLE, but the disease returned, and increased to the above magnitude, continuing rapidly to enlarge up to the day of the operation. From the condition of the old cicatrix it was by some authorities deemed malignant. The operation was performed by Mr. SKEY. The man, after some loss of time occupied in determining his position, was finally placed in the recumbent posture on the operating-table, lying nearly on his face. The operation was commenced by an incision, forming a part of a small flap, reflected towards the shoulder, which exposed the spine of the scapula, over the line at which it was afterwards divided. Two other large flaps were made, each forming nearly a semicircle; the one directed upwards towards the side of the neck, the other downwards. All the muscles of the dorsum of the scapula were

then divided, for the purpose of exposing the bone in a perpendicular line, about one-third distant from the glenoid cavity, towards the base. The spine was divided by a common amputating-saw, the upper portion of the bone by Hey's saw, and the lower fossa was split up with Liston's forceps. The hemorrhage was then considerable, but was arrested by the assistants, each of whom seized one or more vessels. Moreover, the subclavian artery was compressed above the clavicle; an incision, nearly fifteen inches in length, was then made along the basis of the bone, but between the spine and the old cicatrix, the whole of which was removed. The tumour was rapidly dissected from the ribs, and removed, and the bleeding arteries were tied. A small portion of the disease was found adhering to the neck of the bone, close to the shoulder-joint, which was dissected off with a silver knife.

On the conclusion of a consultation which was then held on the case, the patient was recommended to undergo the removal of the whole upper extremity. To this he would not consent, and Mr. S. removed the remaining part of the muscle, close to its insertion into the humerus. The wound was united by sutures, and the patient retired, much exhausted from the loss of blood, having been on the table nearly three-quarters of an hour, of which period the removal of the tumour occupied but twelve minutes.

Secondary hemorrhage occurred within a few hours, and on securing the vessels the wound was dressed with lint. Thirty-five drops of laudanum were given to him. He remained quiet throughout the night, and on the following day he took repeatedly small quantities of beef-tea. The operation was performed on the 22nd of February. Up to the present time he has had no bad symptom; the wound is covered with healthy granulations. The tumour was composed of the same structure as that for which the former operation was performed, viz. albuminous sarcoma. More than half the scapula was entirely absorbed. The tumour was moveable on the ribs, which were perfectly healthy.

NORTH-LONDON HOSPITAL.

Scirrhus of the Breast.—Operation.—Mary Welch, aged 47, a milkwoman, was admitted on the 16th of February under the care of Mr. Cooper, on account of indurated enlargement of the right breast, of six months' duration, consequent upon a severe blow received about that period. The swelling became gradually larger, and is now about the size of a man's fist; the nipple is depressed; the tumour is hard, craggy, very firm, and very moveable. The axillary glands do not appear to be affected. She has long been subject to sudden lancinating pain, shooting from the breast up to the shoulder and down the arm. The skin is not discoloured; menstruation is regular, but more scanty than it has previously been. She has borne nine children. Mr. Cooper recommended the removal of the tumour; to this she consented, and on the 18th he proceeded to operate. He first made two elliptical incisions, and dissected from below upwards, first on one side and then on the other. Two arteries were cut in the first incision upon the inner side. The fingers of an assistant instantly suppressed the hemorrhage until the whole mass was removed. About five vessels were tied, the largest in the substance of the pectoralis major. The two integumental vessels, which bled very smartly at first, had now contracted within the subcutaneous adipose tissue, and appeared much smaller than at first. There was another vessel tied, at the upper angle of the wound. A small portion of scirrhous tissue having been left behind, it was removed. The sides of the incision were brought together with several broad strips of adhesive plaster, the ligatures hanging out in the interspaces; a compress of wet lint was applied over the plaster, and then a broad piece of cloth was pinned around the chest. Her arm was placed in a sling, and she was sent to bed. Mr. Cooper prefers the broad piece of linen to a bandage, as, in case of secondary hemorrhage, it is easily tightened without requiring to be first removed. This plan he has known to succeed in several cases where secondary hemorrhage has occurred. Indeed, according to his experience, secondary hemorrhage is more frequent after this operation than almost any other. In the evening the patient took half a grain of the muriate of morphia, and was then pretty easy.

19. Is doing very well. Passed a quiet night, but did not sleep much. The anodyne to be repeated to-night.

20. Has slept during a considerable part of the night; pulse quiet, skin natural.

23. The wound was dressed to-day. It has united at several points, though in others the edges have retracted considerably. Her general health is unaffected.

Mr. Randal, of Oxford, surgeon, is coroner for the borough of Aldeburgh.—W. D.

(*Advertisement?*) "Dr. Hall has resigned his office as Lecturer on the Practice of Medicine at the Aldersgate school. Dr. Hope is to succeed him."

A Subscriber.—We lament to say that the claim cannot be enforced under any existing law.

Studens ought not to wait for an event which may not transpire even in the next year.

Erratum.—In a part of our impression last week, p. 916, report of Med. Bot. Soc., *Iatropha* is misprinted *satropha*.